


Fall 1977

Jefferson Alumni Bulletin – Volume XXVIII, Number 1 Fall 1977

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Recommended Citation

"Jefferson Alumni Bulletin – Volume XXVIII, Number 1 Fall 1977" (1977). *Jefferson Medical College Alumni Bulletin*. Paper 162.

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Fall 1977

Jefferson

MEDICAL COLLEGE

ALUMNI BULLETIN



The Presidential Badge

The President's Badge was created for the Inaugural Ceremony. It consists of four official corporate seals of Thomas Jefferson University and the predecessor corporation, Jefferson Medical College. The uppermost medallion with a contemporary likeness of Thomas Jefferson was designed in 1967 when Jefferson Medical College became Thomas Jefferson University. It is the corporate seal of Thomas Jefferson University today.

The right medallion is the same as the present corporate seal except that the words encircling the portrait are "Jefferson Medical College." This seal was used from 1967 to 1969. It was developed as a result of research done by the late Edward L. Bauer, M.D. Emeritus Professor of Pediatrics. He determined that the founding year of Jefferson Medical College was 1824 rather than the generally assumed date of 1826; hence the uppermost and right medallions bear the earlier year.

The other two seals marked Jefferson's diplomas, certificates and other official documents until 1967. The bottom medallion, with the founding date of 1826 and the traditional likeness of Thomas Jefferson, was on every diploma issued by the College from 1839 to 1967.



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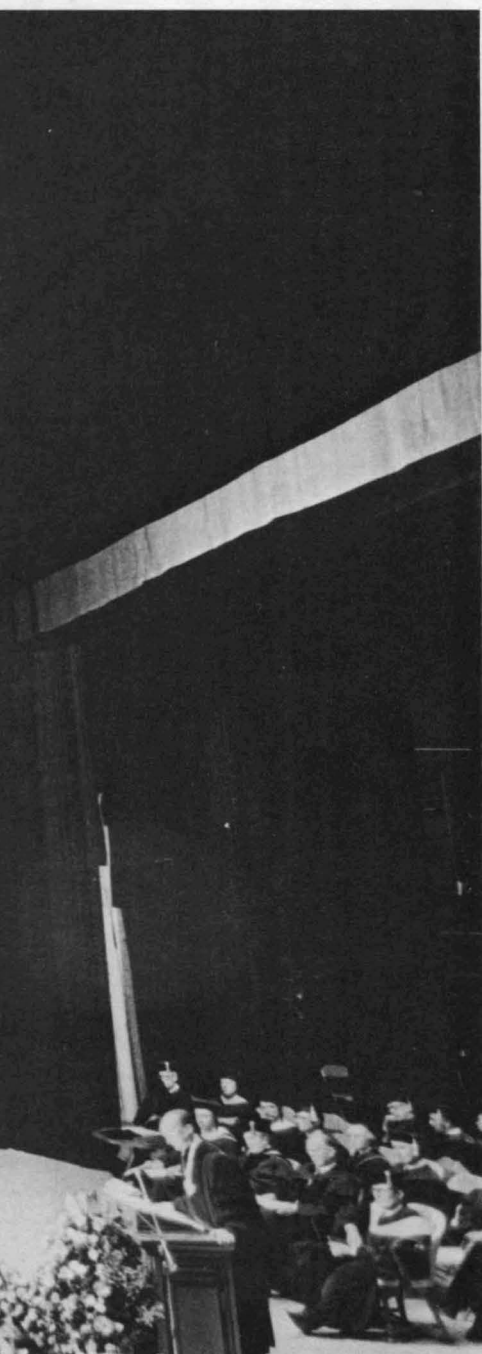
Published four times a year, Fall, Winter, Spring, Summer
Second Class Postage Paid at Philadelphia, Pa.

The Alumni Association of Jefferson Medical College
1020 Locust Street, Philadelphia, Pennsylvania 19107

“Let Us Pursue a Venture in Quality.”

President Lewis W. Bluemle’s quotation of Thomas Jefferson captures the promise of the Inaugural Address.





I am pleased and deeply honored to become the President of Thomas Jefferson University. It is indeed a moving experience to receive the executive mantle previously assumed by such a notable succession of worthy Deans during Jefferson's first 124 years and worn with such grace since 1949 by Presidents James Kauffman, William Bodine, Peter Herbut and George Norwood.

Any contributions I may be able to make during my time in this office will be little more than extensions of the accomplishments of these fine leaders.

The process of searching for a new president is much like an intensive courtship. Both the institutional representatives and the candidates tend to put on their best faces to say very little but good things about themselves. Of course any candidate from outside the institution always has the advantage because his faults are not so well known. Now that the search is over, I can mention some parts of my past which never appeared on my curriculum vitae and which were certainly not revealed to the Search Committee.

In 1968, shortly after I left the University of Pennsylvania to assume my administrative responsibilities at the Upstate Medical Center in Syracuse, the

University Hospital there was threatened with its first major strike. And within a few years the entire State of New York was teetering on the edge of bankruptcy. I then moved to Oregon to help reorganize the University of Oregon Health Sciences Center. Within several weeks of my arrival the University Hospital in Portland was temporarily discredited and the worst malpractice insurance crisis in history descended upon us.

This alarming pattern seems to have followed me to Philadelphia since, again, shortly after my arrival the Pennsylvania State Legislature adopted a budget which now predicates continuing support for higher education, including Jefferson's, on new taxes.

Contemplating the possible cause and effect relationships for each of these crises, I derived some solace by recalling an earlier event in Philadelphia involving my wife, Dee. On one hot summer day in the mid-1960's she had trouble with her washing machine. It simply stopped working. After turning all the knobs and pressing all the buttons to no avail, she finally hauled off and gave it a good kick. Immediately all the lights went off—throughout the entire northeastern part of the United States. This is a true story. Whether she really caused the great blackout of 1965 we'll never know and we've always been afraid to ask.

Despite these iatrogenic proclivities of the Bluemle family, I do not hold with the popular suspicion that the primary function of administration is to cause problems. However, with this background and for other good reasons, I am grateful at the outset of my ap-

Lewis William Bluemle, Jr., M.D. was inaugurated as President of Thomas Jefferson University on September 7. An academic procession marched from the Health Sciences Center to the Walnut Street Theatre, where the Inauguration and Opening Exercises were held. A reception followed under the arches of the Scott Memorial Library.

pointment at Thomas Jefferson University to share my administrative duties with such a reliable and seasoned group of Vice Presidents and Deans who have managed to avoid or solve most of the serious problems that seem to beset so many academic medical centers today.

I feel especially privileged to have the opportunity to work closely with the man who was most influential in attracting me and my family back to Philadelphia, the new Chairman of Jefferson's Board of Trustees, Mr. Frederic Ballard. For many years Mr. Ballard has provided wise counsel as Vice Chairman of the Board and as the leader of many of its planning functions. I am delighted that we will continue to share his good judgment and vision as we work together—and here I paraphrase Mr. Ballard's own words—to lead an institution deeply rooted in the past to meet its new demands and opportunities consistent with the basic concept of a medically oriented university.

Significant progress toward this end has already been made, particularly during the last two decades. Jefferson's remarkable growth and development during this period and the concomitant improvement in the quality of life on our center city campus must be ascribed to the cooperative efforts of many dedicated men and women, both present and past, on the Board of Trustees, the Women's Board of Thomas Jefferson University Hospital, the faculty, the alumni, our many generous benefactors, responsible agencies of city, state, and federal governments and indeed all of our friends who believe in the mission of Thomas Jefferson University.

I wish to honor them all this evening and to speak for them, as well as myself, in paying particular respects to one Jeffersonian whose singular contributions deserve our lasting gratitude, Mr. William Bodine. For a period of 18 years, first as President, then as Chairman of the Board, Mr. Bodine has applied his unique gifts of steadfast determination, courage and persuasive diplomacy to make Jefferson a truly superior institution of which all Philadelphians, and indeed the whole world can be proud.

This evening I feel a certain kinship with our entering students. I'm not sure whose job will be more difficult in the next few years, yours or mine. I suspect, however, that it's easier to get elected president than it is to get into medical school, what with almost 5,000 applications for admission this year. And that may hold as well for our other academic units in the near future.

Perhaps a word of advice is in order for all of us newcomers to Jefferson. When the pressures mount and confidence in ourselves seems to weaken, as most certainly will be the case from time to time, just remember that we were all chosen for our respective new roles by very intelligent people.

I am not at all certain that there is a correlation between inaugural addresses and the subsequent performance of university presidents. If there is one, I believe it may relate the brevity of the speech with the duration in office. Dr. Ira Remsen, the distinguished second President of Johns Hopkins University, said in his inaugural address, "Old men speak of what they have seen and heard, children of what they are doing, and fools of what they are

going to do." Not having a tenured appointment, I am somewhat hesitant to speak this evening like an old man, a child or a fool, but yet the good things I have seen and heard about Jefferson and what we are doing and will do in the future deserve comment.

Jefferson's past is a distinguished one and its roots are deep indeed. They were planted in action by Dr. George McClellan and in ideology by Thomas Jefferson himself. McClellan was a spirited, restive graduate of the Medical School of the University of Pennsylvania in the early 1800's. He felt strongly that there should be an alternative to his alma mater for medical education in Philadelphia. Accordingly, he established in 1824 the second medical school in our city, known then as Jefferson Medical College in Philadelphia. His initiative was vigorously opposed by the Medical School of the University of Pennsylvania, then 60 years old, and the controversy which ensued set the stage for a rivalry between Penn and Jeff which at times has not reflected well on either institution.

As a footnote to this history it is my belief that both of these distinguished medical centers have grown sufficiently tall in the ensuing 150 years not to worry any longer about standing in each other's shadow. Like McClellan, I too received my early medical training at Penn but I feel nothing but admiration and affection for our older sister institution established by Benjamin Franklin. I for one look forward not only to a future of peaceful coexistence among all of the institutions of higher learning in our region but also to a period of more



active collaboration with them in areas of mutual interest.

Thomas Jefferson, the man, gave our institution its early philosophical heritage, albeit somewhat indirectly. Jefferson in his later years sought to improve the quality of medical care and medical education in the United States. Toward this end he searched for a bright physician-teacher who could add stature to American medicine and to the institution which he founded, The University of Virginia. He discovered such a man in England named Dr. Robley Dunglison. Doctor Dunglison became Jefferson's friend and personal physician. Each reinforced the other's conviction that there must be a better way to treat sick people than with purges, emetics and blood-letting, the cornerstones of medical therapy in 1825. Jefferson urged Dunglison to "Preach a crusade against ignorance."

This is exactly what Dunglison did for 32 years, but not primarily at the University of Virginia. He had the good judgment shortly after his arrival in this country to accept the chair in medicine at the institution named for his mentor here in Philadelphia. As a teacher, physician, keen observer, prolific writer and Dean at Jefferson he established our College as one of the best and most sought after institutions of medical learning in this country. He also can be credited with leading all of American medicine into a more rational age of patient care since his writings became the standard texts of the time.

The faculty at Jefferson has never lost its orientation toward excellence in intelligent, humane patient care. When Abraham Flexner conducted his critical

survey of American medical education in 1910, he ranked Jefferson at the top of the list of free-standing medical schools. After World War II, when many prestigious academic medical centers got rid of their volunteer faculty members in an accelerated quest for excellence in the science of medicine, Jefferson pursued a more moderate course. It retained a healthy balance between practicing clinicians and fulltime academicians on its faculty.

This course preserved, in my judgment, the best kind of environment for teaching and training young health professionals both in the science and in the art of good patient care. It is difficult at best to keep a volunteer and a fulltime faculty working effectively and peacefully together. In its simplest form, the ideologic conflict between the two tends to pit the priority of the quest for new knowledge against the priority of applying well what is already known. Given finite resources, if the balance between these two priorities is not maintained, the danger is that the institution may in the extreme become on the one hand a self-centered haven for academic elitists or on the other hand a trade school.

The fact that Jefferson has not become a trade school is attested to by an exemplary list of its faculty's innovations in both medical education and patient care, beginning as far back as 1832 when two months were added to the traditional four months abbreviated curriculum of that day, permitting a more intensive period of study, incidentally without additional cost to the students. Of greater significance have been

Jefferson's contributions to the science of neurology, the introduction of modern surgery, the invention of the bronchoscope, the perfection of the first heart-lung machine making open heart surgery possible, advances in the basic medical sciences and in many other areas too numerous to mention. One of our highest institutional priorities in the years ahead must be the continuing quest for new knowledge and better ways to preserve and maintain health.

As I see it, the key to achieving both excellence in research, medical education and practice is to attract and retain the very best faculty members we can find who excel in both the science and the practice of medicine and who respect the interdependence of the two. With the emergence of our revitalized campus and its wonderful new physical facilities, we can and will now aspire to a level of quality on all fronts which makes Thomas Jefferson University second to none.

In terms of quantitative productivity, Jefferson is already second to none. Our Medical College, as many of you know, has already educated more American physicians than any other campus in the country. This singular distinction could not have been achieved without the steadfast support of an outstanding group of affiliated hospitals and allied institutions.

Having once served as an Associate Dean for affiliated hospitals in the Philadelphia area, I have a high regard for the educational role which our community teaching facilities play and for the men and women who train our students and resident physicians in the



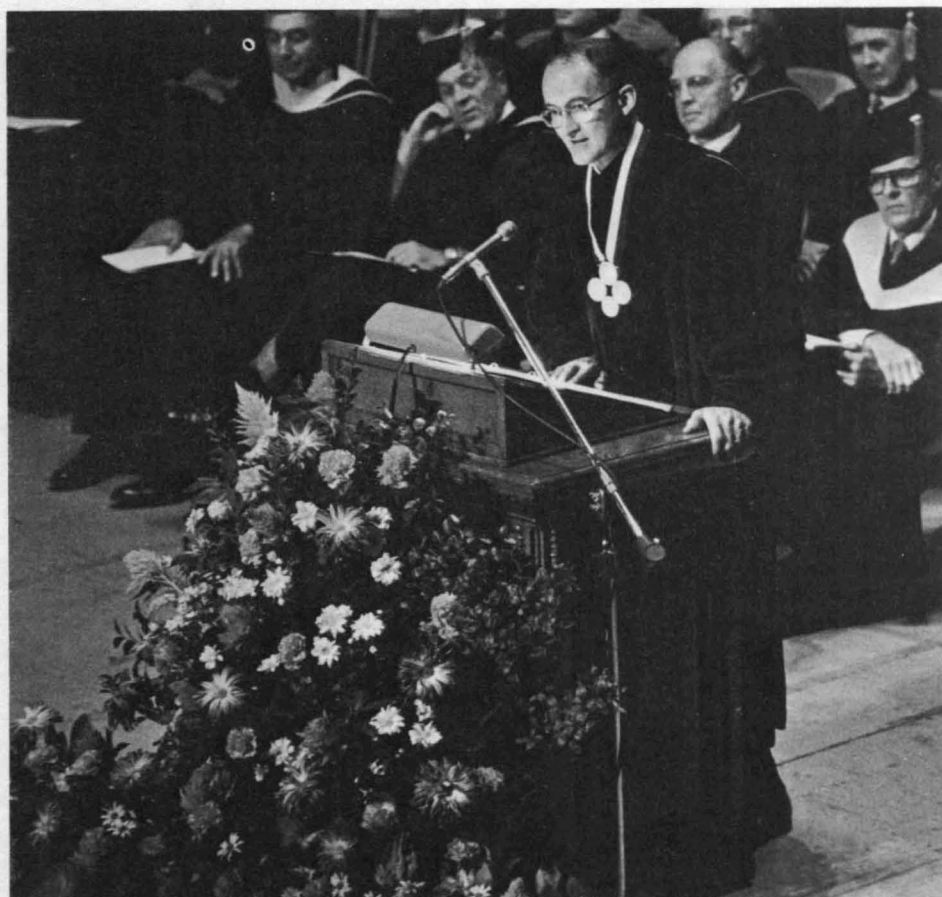
busy settings of high quality patient care. If time permitted, I would like to say a word about each of these affiliated members of the Jefferson family because we value their contributions so highly, but since they number almost two dozen extending throughout three states, I will simply convey to their representatives here tonight a personal promise that we will seek every opportunity to make our relationship an even more mutually satisfactory one in the years ahead.

As most of you know, The Jefferson Medical College of Philadelphia became Thomas Jefferson University in 1969, through the inspired initiative of the late President Peter Herbut. Our University now comprises the Jefferson Medical College, the College of Graduate Studies, the College of Allied Health Sciences, and the Thomas Jefferson University Hospital, celebrating its centennial anniversary this year.

One question of paramount importance in relation to our metamorphosis into a university is, to what extent should we now broaden our scope of academic enterprises. Our College of Allied Health Sciences, the youngest and therefore the fastest growing of our academic units, has initiated a new program in dental hygiene this fall. Plans are also under consideration for new programs in physical therapy, occupational therapy and advanced placement studies in radiologic technology and nursing leading to the baccalaureate degree.

Should we also seek to establish additional schools in the major medical disciplines such as dentistry, pharmacy and veterinary medicine? Without preempting more seasoned deliberations on this question, I am disinclined to place the number of colors in our academic spectrum above the brilliance of each color in a rational, compatible pattern of carefully chosen educational endeavors. In this regard I am reminded again of Thomas Jefferson's own words, "Let us pursue a venture in quality."

In plain language, I believe each new educational venture we pursue as a University must pass at least four tests: Is it health related? Are its graduates needed? Does it make the best use of our resources? Will it be of high quality?



The President. "Planning new programs of quality without unnecessary duplication will require our best collective brains."

I prefer to view our resources in a collective communal sense. The imperatives for economy in professional education, indeed in higher education generally, necessitate partnerships among allied institutions whenever a combination of their resources offers cost-benefit advantage without sacrificing academic standards. Planning new programs of quality without unnecessary duplication will require our best collective brains. This process will not be a function of administration alone, nor will it be done by instinct. I view administration's role in planning as one which encourages good ideas on all quarters, analyzes options, assesses feasibility and seeks consensus among all parties at interest.

I can think of no more able administrator to oversee this function at our institution than the man I follow in office, Mr. George Norwood. I am pleased to announce publicly tonight that Mr. Norwood, as Vice President for Plan-

ning, has accepted a new charge to coordinate a comprehensive determination of the future of Thomas Jefferson University. Having already supervised our vast capital expansion so successfully, Mr. Norwood will now orient our future planning efforts principally in programmatic areas.

In charting our future as a University we will be mindful of public expectations as well as our own quest for academic excellence. No issue is more germane in this regard than the rising costs of medical care, now articulated so emphatically by our elected public officials. As a physician, it is my firm belief that no program for cost containment will succeed if it interferes with the doctor-patient relationship or with professional judgment about what is required to restore the health of any given patient. As an educator, I am equally conscious of the obligations of our profession to teach, better than we have in the past, a sense of prudent economy to

our students, mostly through our own actions in clinical settings. Academic medicine has in fact a far greater opportunity to build a rational economy in health care than any government instituted programs, but this will happen only if we accept this responsibility now, malpractice litigation and defensive medicine notwithstanding.

We know as well that collective public concern for rising costs is matched by the individual patient's concern for convenient access to high quality, courteous health services. In this regard we must still seek a better balance between specialists and generalists or primary care physicians. We are fortunate at Jefferson in having strong primary care units including a growing Department of Family Medicine, plus an extraordinary array of sophisticated medical capabilities which in my judgment are vitally needed to train truly competent generalists as well as specialists.

The difficult process of balancing health care costs with easy access to quality medical services in the best interests of our citizens involves policy decisions which go beyond the purview of health professionals alone. The orga-

nization of medical services, the training and distribution of health care manpower and the evolution of a just and workable system of comprehensive health insurance will require in my judgment a new breed of health care managers at local, state and national levels. If those who seek to govern health care do not have an intimate acquaintance with sick patients and the complex dynamics of the circumstances in which we seek to make them well, if they lack direct experience in clinical settings, if their understanding of the problems comes only from a contemplation of the related social, economic, and political abstractions, they will not regulate with wisdom nor will the results of their efforts achieve our ultimate objective—better care at less cost.

It is my hope that resources like Thomas Jefferson University, which have demonstrated outstanding competence in the management of health affairs at the institutional level, will be better utilized in the development of this new breed of administrators. Here I am pleased to note that Dr. Francis Sweeney, our Vice President for Health Services, and his able staff have already

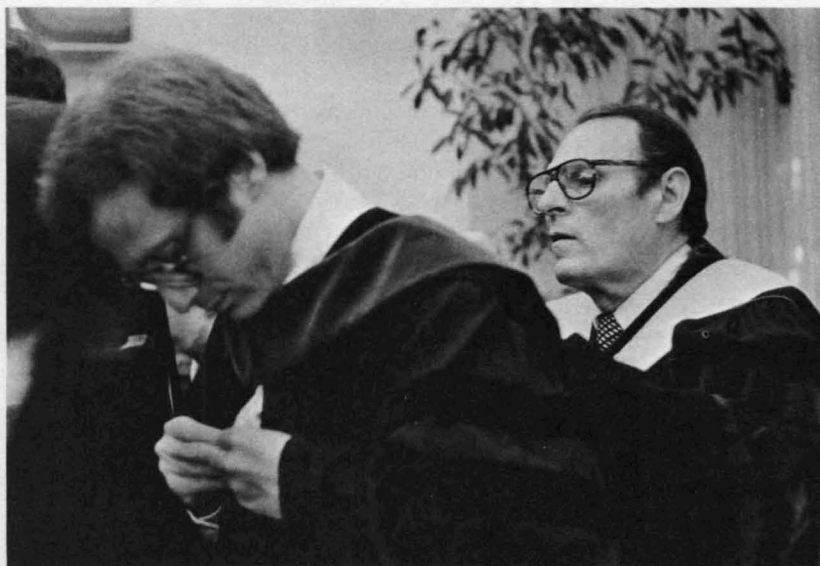
initiated an administrative residency program as an excellent beginning in the quest for more effective management of health care.

An equally important educational goal for the future is to reinforce an attitude of caring among our health care professionals. Much has been written about humanism in medicine and the need for more compassion in this age of growing technology. It is no easier to structure humanism into the curriculum than it is to structure the golden rule into our family or business lives. But we must do both if we are to make the human condition better.

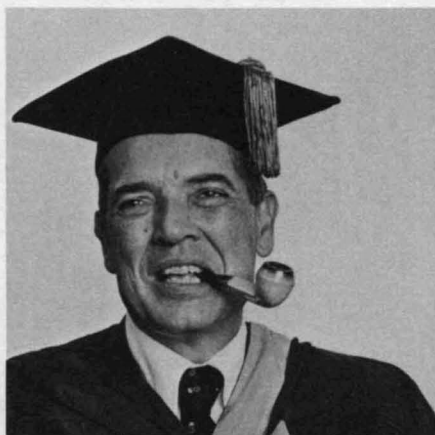
And making the human condition better, after all, has been the ultimate goal of the health care professions since their inception. It must be as well the ultimate goal of our University. Whatever the future may hold for us all, I am convinced that it will desperately need the qualities we seek to foster here at Jefferson: intellectual curiosity, discipline in learning, wisdom in the care of human minds and bodies, dedication to the lasting principles of our great heritage, and, above all, a constant search for truth in all we do.



The Robing



At left, Dr. William F. Kellow, Dean of Jefferson Medical College, assists with robing of Dr. Steven R. Peiken '74, newly elected Trustee to TJU's Board. Below, Dr. Stanley S. Bergen, President, represents the College of Medicine and Dentistry of New Jersey.



Other distinguished guests include (above left) Brother Patrick Ellis, F.S.C., President of LaSalle College; (center) Dr. Richard Bozorth, Dean at Ursinus College; and (right) Dr. Marvin Wachman, President of Temple University (left), and Dr. Martin Meyerson, President of the University of Pennsylvania.



MAGEE: Testament to Rehabilitation

*Dr. William E. Staas '62
assumes Presidency
of new Jefferson affiliate.*

by Jacquelyn S. Mitchell

We walk before we learn to remember. Most of us cannot recollect the intense faltering and fumbling which enabled locomotion through a process of "controlled falling." Even before walking came the ability to turn over. When such abilities, fundamental to the individual's sense of self, are impaired, the loss is great indeed. It goes beyond the amputated limb or the paralyzed extremities to encompass hundreds of willed motions which may no longer be possible. Physical medicine and rehabilitation seeks to restore maximal function within the limits of a disability. The term "rehabilitation" comes from the Latin "*habilitas*," meaning "ability." In medieval canon law, the word "*rehabilitare*" referred to that intangible asset, a good name. The word's etymology suggests the scope of the modern practitioner who gives back to a patient both the sense and substance of ability.

William E. Staas, Jr., M.D. '62, the new President and Medical Director of Magee Memorial Hospital Rehabilitation Center, personifies the discipline and the genial resolution that must necessarily animate the slow process of rehabilitation. Dr. Staas was appointed Associate Medical Director when the Magee affiliation with Jefferson was enacted in July of 1976; a year later he was named President. The hospital is located at 1513 Race Street, Philadelphia.

The functional and spare furnishings of Dr. Staas's office there reflect the spirit of efficiency with which he approaches most matters. His answers to questions are precise yet plainly eloquent; what gestures he uses exactly punctuate his remarks. He is a man of little superfluous speech or movement. His co-workers—Virginia Bestwick, for instance, Chief Social Worker at Jefferson's Rehabilitation Department—remark on his effective marshalling and deploying of energies.

Mrs. Mitchell began her duties as Assistant Editor of the Bulletin in early July. She graduated summa cum laude from Chatham College in Pittsburgh, Pennsylvania, and presently is a candidate for a Doctor of Philosophy degree at the University of Pennsylvania.

Bob Djergaian, a third year medical student, notes that the managerial bent of Dr. Staas's personality favorably affects the patient in rehabilitation. Mr. Djergaian talks of how Dr. Staas "stimulates patients to formulate goals and then spurs them to improve their functional capabilities." It was this strong relationship with the patient that motivated Mr. Djergaian to study with Dr. Staas during this past summer. Dr. Richard Kaplan concurs with Mr. Djergaian's observations and from the vantage of his prolonged interaction as a resident with Dr. Staas explains the process, "Dr. Staas does not only rely on personal warmth or charm to affect and to motivate the patient; he also engenders respect through his authoritative command of the field." The patient believes in Dr. Staas's medical authority, and so believing is willing to participate in his own rehabilitation management program.

In fact, it is the concept of managing the patient which particularly distinguishes the specialty of physical medicine and rehabilitation. Patients are evaluated before admission to Magee, which has 66 inpatient beds. Physiatrists from Magee consult with staff members of numerous hospitals in the Delaware Valley. (A "physiatrist" practices physical medicine and rehabilitation.) When the patient enters Magee, he will be more thoroughly evaluated. The allied health staff—the physical, occupational, and speech therapists, the nurses, the psychologists, and the social workers—act as extensions of the physician to aid in establishing "the baselines" of a patient's functions. The physiatrist then must determine reasonable goals toward which the patient can be directed. The physician after consultation with the allied health staff next designs and prescribes methods or, more appropriately, programs whereby those goals may be achieved. Dr. Staas carefully distinguishes between treatment and management. "When a patient is treated, he is acted upon; when he is managed, he may still, in part, be acted upon, but he will also become an agent of his own care through, for instance, exercise or walking."

Such an approach to the patient is, as Dr. Staas is quick to point out, similar to that of the family practitioner and gen-

eral internist. Family medicine also encourages broad and systematic approaches to patient care. The Department of Family Medicine at Jefferson requires each resident to rotate for two months through the Department of Rehabilitation Medicine. For educational purposes, the staff of Jefferson's Rehabilitation Department is fully integrated with the affiliate Magee.

What does the family medicine resident learn from a rotation through the Rehabilitation Department? First of all, he learns to work with the team of allied health professionals. It is difficult for the physician to refer a patient for therapy if he does not know clearly what such therapy entails. There is a natural resistance to becoming involved through referral with professionals whose work remains somewhat vague. Experiences with the allied health team at Magee or Jefferson's Department of Rehabilitation Medicine can provide the background which makes the busy family practitioner and general internist secure in his referral. Dr. Staas observes, "From studies we've done we know there are spinal cord injured patients in the Delaware Valley who have not been channelled into the rehabilitation process." Knowing when and how to direct the candidate for rehabilitation is obviously important information for the prospective family practitioner as is knowing what can be done for the patient after he has left the rehabilitation facility. Equally relevant to the family practitioner is an understanding of the many resources available to the patient. Numerous societies and government agencies can provide invaluable aid to the patient if there is mutual awareness. For example, prostheses may range in cost from \$500 to \$1000, but most patients should be able to obtain one if a referral is made to an appropriate agency. The two months' training in rehabilitation aids in clarifying for the family practitioner the otherwise bewildering array of resources.

Like family medicine, physical medicine and rehabilitation is a comparatively new specialty. It too is under-subscribed. The Board for physical medicine was established in 1947. The field was formally organized almost

through a process of default. Total health care had to be provided for thousands of impaired veterans during and following World War II. In 1969 Jefferson's Division of Rehabilitation Medicine became a department. In 1970 the Department undertook the training of residents. Not, then, until 1970 was there a Department at Jefferson to encourage the exposure of medical students to the field. At least half of the medical schools in the country have neither a division nor a department of rehabilitation medicine. Dr. Staas, Clinical Professor of Rehabilitation Medicine at Jefferson, attributes the undersubscribed status of the field both to its relatively recent establishment and the subsequent limited exposure of medical students nationally. "Even if students hear lectures," Dr. Staas comments, "they may not observe the physiatrist at the bedside," and it is the bedside model provided by the clinician which, Staas maintains, "influences most decidedly a career choice."

To Staas, education is not merely a matter of words, but a more comprehensive process whereby the individual's identity as a physician is conveyed to the medical student who can then choose to emulate or not. When in medical school at Jefferson, Dr. Staas attended lectures given by John W. Goldschmidt, M.D. '54, then Director of the Division of Physical Medicine and Rehabilitation. He subsequently became the first Dean of the College of Allied Health Sciences and is currently Associate Director of the Rehabilitation Institute of Chicago. The lectures provoked Staas to explore the field further through a summer preceptorship with Dr. Goldschmidt, who remembers Staas as a "very bright and sensitive individual who perceived the problems of chronic disease and disablement better than most medical students." Dr. Goldschmidt recalls that Staas was "determined with a penchant for organization and good patient relationships—qualities that were harbingers of administrative ability." Firsthand observation of Goldschmidt later influenced Staas to enter a residency in physical medicine and rehabilitation after his stint in the army where, incidentally, he had no

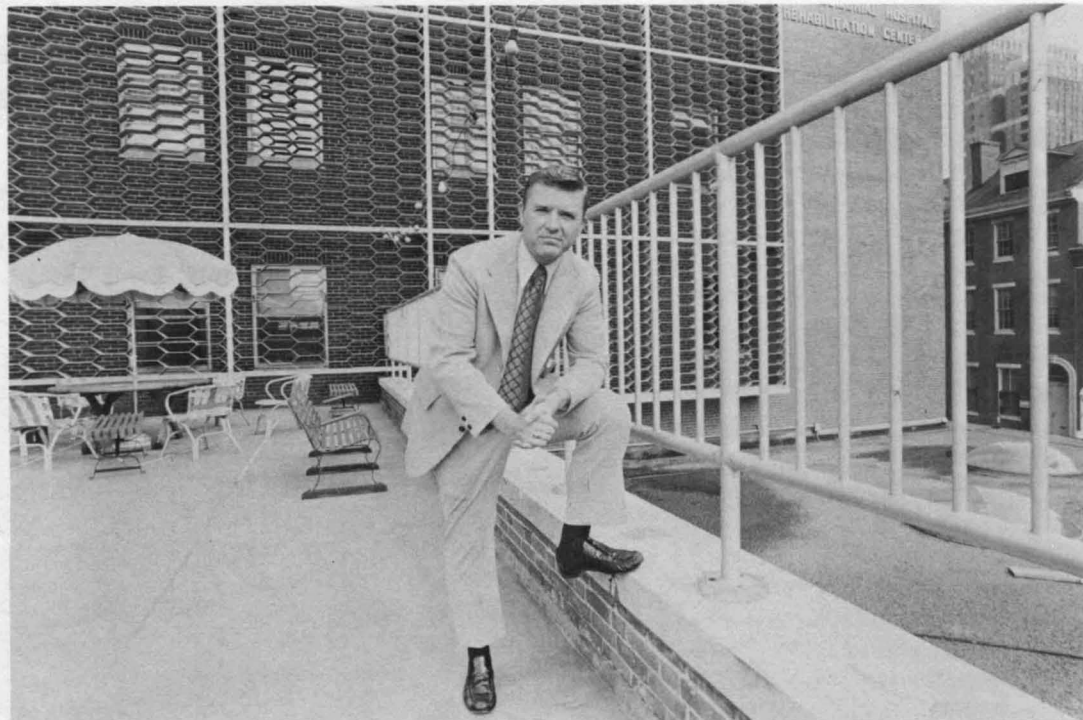
contact with rehabilitation. Carefully weighed praise of Dr. Goldschmidt, issued in the muted Staas manner, certainly conveys much conviction. It is evident that to Staas the act of emulation is the sincerest compliment the student can pay to his mentor.

When asked to characterize her summer experiences at Magee, second year medical student Helen Lerner immediately said of Staas, "I would really like to be a doctor like him." During medical school, students begin to adopt and develop a professional identity which will include values, priorities and modes of interactions with patients and among colleagues. The style in fact whereby a student integrates and utilizes the massive amounts of data he learns in school is, Staas implies, at least as important as the data themselves.

In fact, one of his research interests pertains to role models in the education of the physician. Staas thinks that methods should be developed to evaluate how medical students perceive their teachers in the classroom, at the patient's bedside and in conferences so that in understanding the impact of these crucial, educational experiences, "we may foster their appropriate use." Because the speciality is comparatively new, Dr. Staas is also especially concerned that programs of continuing education incorporate information about the principles of physical medicine and rehabilitation and the allied health services. Dr. Staas shares his interest in educational methods with Dr. John F. Ditunno, Chairman of the Department of Rehabilitation at Jefferson. Both are, of course, quite involved in the educational experiences of the medical student and resident in physical medicine at Jefferson and Magee.

The residency is generally divided into three phases, roughly equivalent to three years. The fullest manifestation of the affiliation between Jefferson and Magee occurs in the educational realm. Residents in rehabilitation medicine at Jefferson rotate through Magee during their first and third phases. In response to the query about what a resident gains through the Magee experience that he would not acquire at Jefferson, Dr. Staas points to the type of patient Magee gen-

*Dr. Staas on
patio where
Magee staff plans
to implement
"wheelchair
gardening"*



erally admits. The patient is likely to be more medically stable than those at Jefferson where the resident's focus may be divided between medical and rehabilitation problems. The more stable patient at Magee provides opportunities to concentrate on the rehabilitation process. Such unalloyed concentration facilitates an identification of clinical problems which, in turn, encourages clinical research. There is moreover at least one program at Magee that the resident would not encounter at Jefferson's Rehabilitation Department. Magee offers an in-depth program of Vocational Evaluation and Work Tolerance based on "work sampling."

Work samples are real or simulated activities which provide the basis for evaluating a patient's skills from the perspective of employment. Obviously, rehabilitation in the fullest sense must be concerned with reintegration of the patient into his society. The work samples, based on the 28 activities developed by the Jewish Employment and Vocational Service in Philadelphia, are not only less anxiety provoking to the patient than paper and pencil tests but also more immediately relevant to the assessment of employment potential. A patient will, for instance, play checkers, but the huge pieces of varying weights

must be grasped and wielded to the next square of the table-cloth-sized checker board. While the patient's attention may be directed towards jumping his opponent's piece, the evaluator can observe and measure his strength, dexterity and endurance. A large backgammon board is another tool for evaluating the patient's abilities and increasing his work tolerance. Given these tests, the physiatrist can judge the feasibility of job training programs.

The ambience at Magee also differs from that of Jefferson's Department of Rehabilitation. The Department located within a major urban teaching hospital retains a sense of urgency. The staff moves more quickly, and there is more activity in the corridors. Patients come from other floors and departments for therapy so that the sense of the patients as a group is not as pronounced as it is at Magee where outpatient activities have been organized into an area distinct from the inpatient facilities. The comparative stability of inpatients at Magee augments the individual patient's sense of continuity and provides him with an identity within the group.

Magee is not a custodial institution. Because management of patients is goal directed, there is no sense of time being suspended as in chronic care facilities.

On the other hand, in an age of instant gratification and technological marvels, Magee represents a methodical mode of improvement that runs counter to the prevailing fantasies of the culture. Repeatedly, Mrs. Kerry Dibble, the markedly energetic and positive Director of Magee's Volunteers, warns against an unrealistic perspective. Always at Magee the emphasis is on what a patient can do, but do within the constraints of his disability.

The historically optimistic penchant of the country and a vestigial willingness towards the miraculous have conspired to create a problematic atmosphere for physiatry. An amputation or a spinal cord lesion represents an irrevocable change. As Dr. Staas observes, "No one can make a paralyzed muscle work again." The realization that physical medicine could not perform such miracles has led some physicians to question the validity of the specialty. Such absolutist thinking—conceiving of a patient as either "recovered" or "not recovered"—is probably dependent on a model of health as a fixed rather than a relative state. To Claire McGrorey, a quadriplegic who is an alumna and employee of Magee, the thought of an individual not having the restorative benefits that she gained from Magee is

particularly alarming. Ms. McGrorey was injured at age 17 in an automobile accident. Dr. Staas was her physician. Medicine could not restore her to the level of functioning she enjoyed before the accident, but it is quite clear her loss would have been much greater without Dr. Staas and Magee, and she praises both heartily. Dr. Staas does agree to some extent with those who question the province of his specialty. He maintains that if more physicians were conversant with the principles of rehabilitation medicine, referral possibilities, and resource facilities, then, ideally, the physiatrist would be primarily an educator and advisor to other specialties rather than a practitioner.

A tour through Magee gives a glimpse into the numerous processes that the physiatrist manages. On the ground floor the visitor is immediately confronted with the aquamarine of the swimming pool. Because the building is barrier free, one space flows into another. To the visitor accustomed to more conventional hospital architecture, the geography is a little disconcerting. Around the glassed-in pool area, itself surrounded by potted plants, extends the ambulation space of physical therapy. There is a waiting area for visitors, but no enclosed room. The entrance leads directly into the activities of physical therapy. A hoist for lowering a patient into the pool hangs above the scene. Amputees practice on pylons (temporary prostheses). A small area to the rear of the physical therapy space is reserved for constructing the pylons that enable the amputee to re-learn walking before prescription of a definitive prosthesis. Hubbard tanks and whirlpools, heat therapy equipment, and facilities for the arduous training in elemental "daily living" activities are clustered in the physical therapy area.

Above on the second floor, occupational therapists concentrate on upper trunk and arm functions. The women seem to prefer the conditioning exercise of rug weaving while the men tend to choose the strengthening and conditioning exercise involved in sanding cutting boards. Across the hall from this area is a kitchen where patients learn to cook and hence care for themselves anew. A



Staff member assists patient with bending and lifting as her endurance is measured while playing with oversized checkers.

mirror, for example, slants above the stove so that the cook can keep an eye on his concoctions. Most of the adaptations are simple and inexpensive. A nail in a cutting board enables the hemiplegic to peel a potato or slice an onion. The reduced hand movement of the quadriplegic can be compensated for by attaching a block of wood to a fork so that the individual can get a firm hold. Patients who do not have the fine muscle control necessary to grasp a pen learn to use two dowels with attached erasers to type effectively. How simple are most of these ventures into bio-engineering, yet how invaluable to the impaired individual.

Generally, the occupational therapy which occurs in the outpatient area on the third floor concentrates on more advanced muscular processes than does in-





Occupational therapist encourages hemiplegic patient with sanding exercise that facilitates strengthening and co-ordination.



patient occupational therapy. Here, a patient may work on a copper etching; slowly, stroke by stroke the impression on the plate emerges, and with the creation of a scene weakened motions are restored.

Bright colors predominate throughout Magee. Bedspreads alternate yellow and orange. Pink pillars give support in the physical therapy space. Above the yellow tiles of the entry area hangs the portrait of Miss Anna Magee. The stern, black-garbed figure contrasts markedly with the bright environment she made possible. People remember her as travelling in horse and buggy after her Philadelphia contemporaries switched to the automobile. When she died in 1923, she left a 64 page will that endowed both the Magee Professorship in Medicine at Jefferson and the subsequent rehabilitation hospital.

A peruser of Miss Magee's will is likely to suspect that the lady would have been pleased with the present affiliation because the document links the Magee Professor to the proposed rehabilitation hospital. Miss Magee required that the holder of the Magee Chair at Jefferson be "the physician of the hospital" at Magee and also a member on the Board of Trustees. Her will stipulates that trustees be chosen from the staff of other area hospitals and medical schools including Jefferson, but the provision adding the Magee professorship makes Jefferson the only institution with two required seats on the Board. She asked that the first Magee professor be her personal physician, Dr. James Cornelius Wilson, who was then "Professor Emeritus of the Practice of Medicine and Clinical Medicine in the Jefferson Medical College." That physician and the chair she created in his memory provide historical precedents for an affiliation created fifty-three years after her death.

Of course, when Miss Magee died in 1923, rehabilitation was not an established concept. Not until recently was the notion advanced that patients with heart attack might leave their beds before eight weeks had elapsed. Miss Magee designated that her bequest be used "to found and endow an institution to be called 'The Magee Memorial Hospital for Convalescents' whose object shall be the relief of the general hospitals of the city of Philadelphia from the burden of the support of patients who have passed through the active stages of acute illness or have recovered from injuries or operations, during a portion of that time which must necessarily elapse before they are able to resume their accustomed duties." By the time the national economic situation favored the founding of the hospital, World War II had produced a different concept of convalescence which, however, the foregoing passage from the Magee will seems to anticipate. The change was from a passive to an active construction of the patient's own role in his recovery. The focus of the will is upon resuming function rather than languishing submission.

In 1955, after the active approach to rehabilitation was legally approved, Dr. Frazer Parry, the first Medical Director,



Physical therapist reassures patient attempting the difficult process of transfer from wheelchair to quad cane.

began to search for a building for the hospital. Dr. Parry guided the selection of the present location on Race Street. His efforts established the hospital.

When considering the changes the patient at Magee might have perceived during the period when affiliation was enacted, Dr. Staas becomes quite thoughtful. "The patient," Staas says, "would have been aware of a resident physician working with us to provide the highest quality of health care. Jefferson's concern with medical education and Magee's with patient care represent

complementary objectives; achievement of one enhances the achievement of the other. Most patients," Staas maintains, "react positively to the perception of themselves as teaching vehicles if the relationship is handled honestly, gently, discreetly, and a rapport is carefully established between the patient and the medical group."

Another change at Magee as a result of affiliation is attested by the admissions personnel who indicate that the number of patients has increased significantly. It would appear that the affilia-

tion has helped to maintain Magee's status as a specialty hospital while preserving the integrity of the institution.

What then is the future of Magee? Dr. Staas firmly asserts "the need to define goals which take into account the affiliation. Our first priority is to determine the role of the institution with respect to rehabilitation in the coming decades. We need to develop and implement ways of improving patient care. Perhaps," Staas adds, "innovation will come through increased education of the patient and his family." Along with patient care, Staas emphasizes "the need to define and improve Magee's new role as an educational adjunct of Jefferson." Asked how he conceives of his own Presidency, Staas admits that he is still defining that role. He does look forward to the new personal experience of working with the Board of Trustees and anticipates more community involvement. He also hopes to function as a resource for the staff and to foster their professional growth.

The probability of his achieving this last goal is quite high. Medical student Helen Lerner offers unqualified praise of Dr. Staas's ability to stimulate innovative thought. She explains that he uses "the Socratic method to encourage students and staff alike to think, and that he's always willing to answer questions." Everyone—students, staff and patients—agrees on the impressive range and depth of Staas's knowledge. As Ms. Lerner explains, "Dr. Staas knows how to apply what he has read to help the patient."

Dr. Staas's abilities as a clinician and educator are unquestioned. His colleagues, most notably Dr. Ditunno, also stress the high quality of his administrative talents which led to his becoming President of Magee. Staas does not betray the slightest anxiety about the relationship of physician and administrator. Rather than perceiving administration as an impingement on his role as physician, he sees it as a necessary supplement. One of the hallmarks of an effective administrator is his ability to delegate duties. Dr. Staas admits that without his wife Carol's managing their home and three children (David, 5; Lisa, 13; and William III, 16), he would not be able to engage in his current diverse professional activities.

Educating the Allied Health Professional

The College's tenth anniversary provides an opportunity to survey accomplishments and contemplate probable developments.

by Marten M. Kernis, Ph.D.

Dr. John W. Goldschmidt '54, a practicing physician, academician and the first Dean of the College of Allied Health Sciences, prepared an article that appeared in the *Jefferson Medical College Alumni Bulletin* in the summer of 1967. Dr. Goldschmidt discussed the development of a new School of Allied Health Sciences, its purposes, philosophy and general structure. He emphasized that an institution such as Jefferson with deep traditions of high quality in education and service could readily put its resources of talent and support into an undergraduate academic enterprise that would prepare individuals in the professions relating to health service and health care delivery. "The primary purpose of the School of Allied Health Sciences at Jefferson is to give the same kind of leadership to the emerging medically related professions that Jefferson has shown the nation in providing it with physicians of high excellence."

As we approach the tenth anniversary of the College, we can note clearly what Dr. Goldschmidt was able to foresee and express our gratitude to him, the late Dr. Peter A. Herbut and others who participated in the creation of our enterprise. Many of the goals that were set a decade ago have been met; many are in the process of being completed; and many new ones have been identified.

The College Today

When Thomas Jefferson University was born in 1969, the College of Allied Health Sciences (CAHS) became the designated name of the undergraduate enterprise. Its ultimate purposes were and are to provide a high quality educational framework to individuals who wish to enter various fields of health care delivery; to furnish an environment in which faculty and students alike may participate in scholarly activity; to extend to the community an opportunity for educational and career counseling; and to participate in the growth, development and recognition of Thomas Jefferson University as a prestigious health related, medically oriented comprehensive University and health center.

The College today consists of over 600 full time students, over 70 full time faculty members and some 25 administrators and staff. There are upper division undergraduate programs (junior and senior years) leading to the baccalaureate degree in medical technology, radiologic technology, cytotechnology and nursing. The first three of these were previously hospital-based certificate programs. In the fall of this year, we will matriculate the first class of students in a new baccalaureate program in dental hygiene. The oldest programs in the College are the three year diploma nursing course and the one year certificate program in practical nursing. There also is a Department of

General Studies that offers the Associate Degree in Arts or Sciences.

The College, under the auspices of Thomas Jefferson University, is fully accredited by the Middle States Association, and each individual discipline has the appropriate accreditation designation by its national or local professional agencies.

A brief review of each of the academic programs will further explain the College's mission.

The Department of Medical Technology was established as a baccalaureate program in September of 1970 in order to provide a supervised academic process leading to an understanding of analytical and diagnostic procedures used in clinical laboratories and medical research. With an outstanding technical and scientific background, the graduates of this curriculum find employment and career opportunities in hospitals; public health; clinical, research, industrial and pharmaceutical laboratories; and in opportunities to enter graduate or professional schools.

The Department of Baccalaureate Nursing enrolled its first class in September of 1972. There is well-established documentation to the fact that a need is rapidly being developed for increasing numbers of nurses at the baccalaureate and higher degree levels. The major purposes of the program are to develop professional nursing practitioners who are self-directed, responsible, and competent; to provide a comprehensive experience so that graduates will be qualified to enter graduate and professional schools and to stimulate the student's potential for personal and professional growth. (See JAB, Winter, 1977)

The Department of Radiologic Technology began its baccalaureate curriculum in September, 1976, as the natural upper-division outgrowth of the former School of Radiologic Technology. With the explosion of new information, both technical and basic, there has been an increasing demand for more advanced preparation of individuals who will participate in health service through their expertise with diagnostic and therapeutic radiation equipment and techniques.

The Department of Cytotechnology

Dr. Kernis was appointed Dean of the College of Allied Health Sciences in September, 1976.

prepares students at the undergraduate level to work in pathology laboratories and to participate in the diagnosis of disease based upon microscopic structural findings. The Department, founded in September, 1976, hopes to demonstrate that baccalaureate-level graduates have the potential to bring significant expertise and assistance to the practicing pathologist. As with our other programs of study, the graduates are expected to be able to gain employment in hospitals or industry or to gain admission to programs of advanced study.

The Department of Dental Hygiene is the newest baccalaureate program and matriculated its first class of third-year undergraduate students in September. The profession of Dental Hygiene has become recognized as a vital area of health care delivery. The Department will be creating an environment in which the students will have an opportunity to develop the proper clinical skills as a function of their understanding biological and scientific principles. In addition and as a major foundation to the program, the students are expected to be imbued with a spirit of scientific inquiry and to learn the principles of management and public health.

The School of Nursing (Diploma Program) was organized in 1891 and clearly has set a standard of excellence in the development of the College. With over 5,000 graduates and almost 300 currently enrolled students, this 33-month diploma program demonstrates its ability to provide a strong and well-balanced, high quality curriculum to aspiring nurses. Upon satisfactory completion of licensing examinations, the diploma graduates become registered nurses prepared to provide significant nursing services.

The School of Practical Nursing, established in 1964, provides a 12-month certificate program to supervise the preparation of persons to become qualified for the licensure examination in practical nursing. Graduates of the program respond to specifically defined needs of patients and provide nursing care under the direction of the registered nurse.

The Department of General Studies was created primarily to provide educa-

tional opportunity to those employees of the University who wish to seek higher education. With part-time lecturers, the Department provides a multitude of lower division undergraduate courses that could lead to the Associate Degree in Arts or Sciences. In addition, the Department also provides instruction to students enrolled in all other units of the College.

Career Mobility

In his article ten years ago, Dr. Goldschmidt noted that courses of study must maintain a flexibility to provide for an expected evolution in the fields of health service. He predicted that with time it would come to pass "that many of the health team groups will have within their ranks each of four levels of qualification ranging upward from the task-trained service worker to the professional. . . ." These levels may be defined by the terms occupational, vocational, technical, and professional. The educational process should permit individuals to prepare for the level for which they are qualified with recognition given to the fact that a person may wish, with some experience and/or maturity, to return to an educational process for the next level. This concept of educational mobility or career ladder is rapidly taking on more importance in the health services as demonstrated by a recent directory of allied health programs that defines well over 150 different job titles for which some formal training is required.

It is apparent that the College cannot institute programs in all the various disciplines now identified. Rather, the faculty and administration are committed to a process by which major allied health programs with academic bases should be identified and supported. Priorities in growth and development must be set. And it also is important to be highly selective in the choice of disciplines in order to benefit both our students and society.

The Future of the College

As Thomas Jefferson University develops and matures as a comprehensive institution of higher education, research

and service devoted to health, it is likely that the undergraduate foundation will be broadened and strengthened.

Over the last six months there has been considerable discussion about the feasibility of Thomas Jefferson University cooperating with the University of Pennsylvania in joint programs in Allied Health. These discussions have revolved around the development of Departments of Physical Therapy and Occupational Therapy within the College and whether we could effect a transitional program with Penn for the phasing out of their School of Allied Medical Professions (SAMP). Since our own long-range planning document, prepared many years ago, called for the development of these units at Jefferson, it seemed apparent that the time was ripe to initiate the implementation of these programs. Both physical and occupational therapy as professions and academic disciplines have demonstrated a strong base for curriculums leading to degrees.

The combination of the closing of the University of Pennsylvania's SAMP and the expansion of Jefferson's College of Allied Health Sciences makes this an opportune time to develop these programs. It could be anticipated that undergraduate programs leading to the baccalaureate degree could be implemented by the Fall of 1979. We would expect to matriculate transfer students into the third (junior level) year. At the same time, we diligently will work toward the development of interinstitutional cooperation with schools such as the University of Pennsylvania that may wish to provide a track in allied health programs for their interested students.

In addition to the development of Departments of Physical and Occupational Therapy, the College will explore other allied health programs for possible implementation. The criteria for consideration will include such diverse factors as health manpower needs, programmatic content, potential placement, degree of student interest, long-term potential, budget and space. Planning options at the moment include medical dietetics, medical records, hospital administration, speech therapy and medical social work.

One of the more interesting aspects of

allied health education in the United States has been its rapid and diverse program development. It appears that one can summarize this process of evolution in the following way: Based upon a perception of the need for a particular skill in the delivery of high quality health service, a limited training program in a hospital or school might be implemented. As more information and more advanced technology develop, the program becomes more broadly based, and soon the resulting certificate of completion requires national standards and certification of consistency and quality. Still more information results in the development of different levels of academic degree and the concept of greater professionalism. Though this, in a sense, may be a simplistic perception of events, the fact remains that numerous individuals today find themselves actively engaged as licensed and certified, but non-degreed, professionals. In order to improve their career opportunities, they must return to formal education. One responsibility of the College is to provide for this need.

Therefore, the faculty currently are engaged in studies to determine the feasibility of providing advanced placement programs leading to the baccalaureate degree in selected areas. An obvious example for this process is in the profession of nursing. Institutions providing health care services and the various nursing associations are both predicting that the entry professional level degree in the next decade will be

the bachelors degree. We are convinced that the largest number of potential candidates for the degree will be among the non-degreed nursing community. We must recognize their significant experiential base and their great talents by providing a course of study that will meet their needs for credentialing. Programs of advanced placement can offer a part-time opportunity for the working professional. Our entry-level criteria can be molded to individual circumstances without sacrificing quality provided that we maintain our high standards for graduation.

Already we are experiencing a demand for such an approach through our Nontraditional Interinstitutional Academic Program (NIAP) in Medical Technology. In a consortium with Temple University and the University of Pennsylvania and with the support of a \$2,000,000 five-year federal grant, we have initiated the development of part-time, weekend instruction for qualified degree candidates in medical technology. New licensure requirements, greater technological progress, higher degrees of specialization, greater federal interest in standardization, and large numbers of interested persons all have contributed to the conceptualization of the program. We will watch our progress very carefully in the hope that this experience will be able to define efficient methods of implementation and continuing instruction.

A third area in which the College will develop is continuing education. As the

profession of medicine has witnessed, many specialties already have become involved with mechanisms for recertification. Indeed, the rapid and regular increase in our body of knowledge requires that individuals engaged in such an ever-changing profession must maintain currency as part of their daily routines. The College of Allied Health Sciences will be developing mechanisms within our various specialties for providing continuing education workshops, symposia and seminars. As Jefferson Medical College has maintained for over a century and a half a tradition of quality and community service, so will the College make every attempt to serve the social and professional needs of our constituency.

In many areas of allied health, e.g., nursing, physical therapy, occupational therapy, medical technology, and dental hygiene, the academic foundation for graduate education has been set. In these disciplines, the Master of Science degree is gaining in meaning and in importance. Of greater significance, however, is the fact that higher education requires highly talented and capable individuals to serve on faculties. Additionally, it is the faculty engaged in creative thought and action who will contribute to tomorrow's new knowledge. Thus, graduate programs have the potential of assisting persons in coping better in the clinical sphere and of preparing the teachers and scholars of the future.

These are the goals, objectives and aspirations being discussed for the College of Allied Health Sciences. Yet as a distinct thread throughout these discussions there is one discrete though unemphasized factor. While we are busy reviewing our current programs, planning additional ones, and preparing in general for the future, we must pause and reflect on the great importance of research and scholarly activity. In taking the challenge to develop a truly outstanding institution, Thomas Jefferson University has made a strong commitment to excellence. As the College of Allied Health Sciences is an important part of the corporation, it is clear that we, too, are committed to a search for excellence. We would hope that the institution will benefit from our efforts.



Dean Kernis

the jefferson scene



Mr. Bodine

bodine steps down

The sheer length of his commanding association with Jefferson gives to the reminiscences of William W. Bodine, Jr. the authority of historical perspective. From 1959-65, he was President of Jefferson Medical College; after serving five years as an active Board member, he chaired the Board of Trustees of Thomas Jefferson University from 1970-77. His recollections, ranging over the past 20 years, disclose an awareness of the interplay between a given individual's talents and an institution's needs. "Certain types of people," Bodine comments regarding Jefferson's presidency, "are right or wrong for certain times." This sense of appropriateness in part motivated Bodine to relinquish his chairmanship last July, shortly before Lewis W. Bluemle, Jr., M.D. assumed his duties as President on August 1. Frederic L. Ballard, Esq., former Vice Chairman of the Board and Head of the Presidential Search Committee, has succeeded Mr. Bodine as Chairman.

A member of numerous other Boards (including the United Nations Association of U.S.A., New Directions, Old Philadelphia Development Corporation, the Philadelphia Urban Coalition, the University City Science Center, WHYY-TV Channel 12 and the Independence Hall Association), Mr. Bodine is currently President of the World Affairs Council of Philadelphia. That position, which entails stimulating an international perspective on what are seemingly regional or national affairs, has taken Mr. Bodine and his associates to China this fall.

Reviewing his tenure as Jefferson's second President, Mr. Bodine observes, "What the institution needed at the time was an individual with financial experience." He recalls that there were no real controls on budgets in 1959. He also explains that his business background had encouraged him to develop "a knack for getting things done." Unquestionably, he accomplished much financially. Jefferson's total assets increased by 38% during his presidency, and the market value of endowment funds rose 62%. During his two decades

of leadership, space increased from 778,000 to 3 million square feet.

The concept and implementation of the new hospital dates back to the time of his presidency and chairmanship. Bodine played a key role in the success of both bond issues which have financed the facility. The first bond issue for \$81.6 million was refunded by sale of the second in 1977 for \$160 million. Bodine explains that fifteen years ago during his presidency, administrative personnel became aware that dingy, dark facilities were repelling patients historically attracted to Jefferson because of the staff's quality. Bodine feels, "The new hospital will give Jefferson a physical plant in an urban setting second to none." He emphasizes that the hospital's innovative clinical teaching areas in particular and the building concept in general were designed to attract good personnel to the institution. Bodine, although associated primarily with Jefferson's physical expansion, quite clearly envisions the quality of staff as an institution's first priority. He admits that critics have called his moves towards physical development "too bold" and "starry-eyed," but countering such criticism is a single important fact—the budget always balanced.

Ironically, for a man whose success is construed in terms of bricks and mortar, Bodine conceives of Jefferson not so much as a place, but as a dynamic entity which represents the working out or embodiment of concepts. Those concepts are, in turn, determined by the Board of Trustees and then implemented by the President. Bodine recalls that when he became President, the Board met once a week to consider such issues as an individual student's class attendance or weekend indiscretions. Moreover, all Trustees were at that time elected for life. He explains that in order to obtain good Trustees who were willing to serve actively, the term of membership had to be limited. Jefferson still has Life Trustees, and Bodine is one, but most are elected for three year terms. This procedure has strengthened the Board by encouraging the search for new leadership in the Philadelphia community and beyond. The Board, which now meets quarterly instead of weekly, operates through a

structure of standing committees. Among those committees are one for each of the three Colleges within the University, one each for the Hospital, finances and resources. The Finance Committee concentrates on endowment, while Resources focuses upon fund raising and public relations. The Master Planning Committee with representatives from faculty, alumni, students and administration has, for more than the past year, devoted its energies to the totally demanding activity of presidential search. Most committees meet monthly and report to the Executive Committee or the full Board which, in turn, establishes policy about such matters as the appointment of senior administrative officers and relations with affiliates.

To exemplify how the Board operates, Mr. Bodine traces the process whereby department chairmen are selected. The Chairman of the Board appoints a committee on the advice of the Dean of the relevant college and the University President. The committee consists of faculty and Board representation. Once the full committee has decided upon ground rules concerning qualities the prospective candidate ought to have, the faculty members on the committee do the initial screening. The full committee then chooses a candidate from among the two or three applicants the faculty have selected. The committee submits the recommendation for the department chairman to the Board of Trustees.

Bodine, from the vantage of his experience as President and Chairman, points out that the domains of the two offices are quite distinct. "The Chairman," Bodine maintains, "should not meddle in institutional details. He is the hub for determining what ought to be done; how it will be done is the President's domain." The President in turn can use the Board and its committees for strategic purposes such as, for instance, a delaying maneuver or diplomatic allocating of responsibility.

Bodine considers increased communication among groups to be a key accomplishment of his presidency. He explains that shortly after he assumed presidential duties, two noted Jeffersonians—Henry L. Bockus, M.D. '17 and

George J. Willauer, M.D. '23—invited him to dinner. Bodine remembers anticipating that the two would informally censure his initial, administrative efforts, but instead they had arranged the meeting to advise Bodine to find some means for fostering official communication between the Alumni and the Board. The idea of Alumni representatives elected to the Board was, Bodine recalls, "not an easy sale to make initially to other members." In addition to the three Alumni representatives who now sit on the Board, Bodine later supported the inclusion of a recent medical school graduate.

Asked to identify Jefferson's strengths, Bodine immediately stresses the strong, loyal Alumni body whose voice he had urged the Board to hear. "The Alumni form a far ranging network," Bodine maintains, "whereby diverse communications can be funnelled back to the Board." Another asset more central to future development is, according to Bodine, the free standing status of the University which will enable it to respond readily to evolving concepts in medical education. "Unlike the University of Pennsylvania or Stanford, we can," Bodine explains, "experiment with and then realign our policies with some speed because health care is not *a* concern, but *the* concern of the institution." A third strength which Bodine identifies is the competence of the senior administrative group. He speculates that they will enable the institution to operate smoothly until Dr. Bluemle has had time to ascertain how Jefferson functions and what his specific intentions are regarding the future of the institution.

Mr. Bodine is as emphatic about the challenges facing Mr. Ballard and Dr. Bluemle as he is about Jefferson's assets. The biggest problem, Bodine maintains, is money. He speculates that as the cost of medical education escalates in the next decade, state and federal appropriation will not rise proportionately. In addition, "energy to heat and light the buildings will become so expensive that it will not be feasible to leave the buildings unused in the summer and at night; hence," Bodine observes, "we will have to consider more effective use of existing space." Because a medical school

education is so expensive, Bodine speculates that Ballard and Bluemle will have to consider adapting the curriculum to foster the notion of the physician as a team leader. Bodine, accordingly, sees the College of Allied Health Sciences as the educator of team members. The final challenge to Jefferson's new leaders is, Bodine claims, the need to recruit quality personnel and to utilize fully the talents of the existing staff.

Bodine feels that Dr. Bluemle's credentials as a researcher and administrator will enable him "to cultivate such human excellence." In keeping with his view that institutions exhibit developmental stages each of which requires a certain type of president, Bodine sees himself as a fiscal manager, his successor the late Peter J. Herbut, M.D. as an educational reformer, and the new president as an expert in quality control.

As the military, commercial and sporting metaphors which shape his speech indicate, Bodine thinks concretely; and, accordingly, his greatest achievements at Jefferson were tangible ones—buildings, endowment, financial stability. Without that solid base, the more abstract issue of how to improve education, research, patient care and administration could not be faced.

honor code

Jefferson Medical College has adopted an Honor System. Over the past three years, faculty and students have developed an Honor Code which would operate during examinations in the Medical College. Essentially, the Code requires participating students to pledge in writing at the end of each examination that they "have neither given nor received aid" during the test. If a student has observed such a violation, he is also bound to report the offense to the Honor Committee, which will adjudicate the charge. Faculty members, then, would not be responsible for proctoring examinations.

Associate Dean and Director of Student Affairs, Dr. Robert C. Mackowiak '64 stresses the ethical orientation which the Honor Code presupposes. "Physicians are increasingly having to

decide whether to police themselves and their own activities or to defer to government intervention." Dr. Mackowiak sees Jefferson's Honor Code as an early introduction to both self and peer review. "We are," he says, "accustoming students to think in terms of monitoring and being responsible for their own professional activities. It is vital," he maintains, "that students recognize this larger issue when they consider accepting the Code, rather than just the immediate effects adoption would have on their lives."

An unusual aspect of Jefferson's Honor Code is its method of acceptance. Each class must vote whether it will agree to live by the Code; hence, first year students might accept the Code while second year students decline it. At the time of registration, each student votes on the Code. When 75% of a class has agreed, then the Code will be in effect for all members of the class.

Implementation of the Code is also a class matter. Each participating class will have its own Honor Committee. Its eight members will be chosen by lottery. Six of the seven voting members of the Committee must concur for a verdict of guilty. All records relating to the case are destroyed if the accused is found not guilty. The Honor Committee recommends disciplinary action if the accused is found guilty.

The Judicial Board of the Medical College then considers the recommendation and determines the final penalty. The Judicial Board can maintain or reduce the penalty, but not make it more severe.

pharmacology unit

A new Clinical Pharmacology Unit (CPU) has opened at TJU's Hospital this September. Dr. Roger K. Ferguson, Director of the unit, holds a joint appointment to the Departments of Medicine and Pharmacology. The pharmaceutical firm of Merck, Sharp and Dohme has underwritten the cost of the new clinical research facility, located on the fifth floor of Main. The unit will do testing as independent contractors for the firm.

Pharmaceutical companies in the United States generally develop new drugs and perform pre-clinical testing.

Units such as Jefferson's new facility then test the drug on a limited number of normal volunteers (Phase I). Research next moves to Phase II which entails administering the drug to patients with the condition the drug has been designed to treat. Testing at Jefferson's unit will not be confined only to new drugs. Dr. Ferguson says that his staff will also learn more about existing medications. He explains that the unit's primary function is "to develop safe, efficacious drugs for which there exists a need." The facility will also be a teaching and consulting adjunct of the Department of Medicine. Eventually, the facility may be used to determine plasma levels of drugs in patients. Such prospective work would be in conjunction with the Department of Pharmacology and other departments in the University.

The present facilities, which occupy 3600 square feet, contain 15 permanent and temporary beds. There is an area designed especially for instruction where volunteers also can give informed consent. In addition to the Director, the staff consists of an Assistant Director, unit co-ordinator, research technician, medical secretary and research nurse.

Dr. Ferguson comes to Jefferson from Michigan State University where he was Associate Professor of Medicine and Pharmacology and Associate Director of Clinical Pharmacology. He spent the past year on sabbatical in Switzerland where he pursued research interests in nephrology and hypertension.

pew grant

The Pew Memorial Trust has provided funds for extensive renovation of the University's Health Sciences Center. The two million dollar grant in support of Phase II of Jefferson's Sesquicentennial Campaign, is earmarked for the Center's development plan which eventually will consolidate programs offered by the College of Allied Health Sciences (see page 15).

The Health Sciences Center at 9th and Sansom Streets now contains physicians offices and facilities for the Hospital's ambulatory services, both of which will be moved to the new Chestnut Street hos-

pital next June. The available space will house classrooms and laboratories for programs in cyto, medical and radiologic technology, the three nursing programs, dental hygiene, occupational and physical therapy and general studies. In addition the Center will contain a dialysis unit, the Department of Dentistry and the Community Mental Health Center.

senior fellow

During the last two academic years, a Senior Fellow Program enabled first year medical students to gain clinical experience by accompanying upper classmen "on-call." The program, which is offered as an elective, pairs seniors and first year students at the outset of the academic year. The shared experiences usually include clinical rounds and weekend duty. Dr. Robert C. Mackowiak '64, Associate Dean and Director of Student Affairs, comments that "the obligations of the first year participants are generally construed in a flexible manner" so that they can accommodate the program to their study schedules.

Dr. Mackowiak identifies three beneficial areas for participants. First, the program gives beginning students an early introduction to the contextual use of medical vocabulary. Dr. Mackowiak compares this linguistic experience to learning a foreign language in its native country. Second, students can relate the comparatively pure scientific concepts of the first year curriculum to the patient. Dr. Mackowiak sees this applied experience as an opportunity to sustain students' motivation to help people, which may otherwise be diverted by the textbook emphases of the first two years of medical school. Finally, the teaching experience enables seniors to reinforce their own knowledge of medicine.

Initially, the Fellow Program paired juniors with first year students, but the juniors found that their clinical duties would not readily accommodate the needs of beginning students. The seniors then took over the responsibility. Well over half of the first year students now elect the program which is hailed enthusiastically by past participants.

class notes

1920

Stanley D. Conklin, 506 S. Elmira Ave., Sayre, Pa., writes that he is "in good health and active." He retired in 1973 after 53 years of practice at the Robert Packer Hospital and Guthrie Clinic.

1923

Wayne Bronaugh, 650-0 Avenida Sevilla, Laguna Hills, Ca., participates in the activities of the Laguna Hills Medical Society. He was one of the founders in 1972 of this society for retired doctors. Sitting in on weekly meetings of the Saddle-back Community Hospital, where retirees are welcomed, keeps him apprised of medical advances.

George S. Enfield, Box-1691, Scottsdale, Az., just passed his 77th birthday. "Only inflation prevented him from attending Commencement Festivities."

1927

Ferdinand C. Dine, 377 S. Harrison St., East Orange, N.J., helped the class celebrate their 50th reunion last June. Having retired, he collects stamps and coins. He and his wife, Martha, are busy with church work.

John W. Tomlinson, 900 Chester Pike, Sharon Hill, Pa., is one of 30 members of his class who participated in the 50th reunion. He still practices ophthalmology in Sharon Hill. When not working, he is usually outdoors gardening, hunting or fishing.

1931

Edward Gipstein, 181 Broad St., New London, Ct., spends nine hours a week in his office—Monday, Tuesday, and Thursday's only. Still Chairman of the Electrocardiograph Department, he has retired this year as Chief of Medicine and Director of Medical Education at Lawrence Memorial Hospital in New London.

George W. Paschal, Jr., 1110 Wake Forest Rd., Raleigh, N.C., currently a member of the Administrative Board of the Medical Center, Bowman Gray School of Medicine and Baptist Hospital, is the immediate past President of the Southern Society of Clinical Surgeons and North Carolina Surgical Association.

1932

Clarence R. Pentz, Laurelwood Rd., Star Rt., Pottstown, Pa., enjoys gardening and traveling during his retirement. Celebrating his fiftieth wedding anniversary this year, he has three children and eight grandchildren.

Burchard E. Wright, 6333 St. Andrews Ci., Ft. Myers, Fl., spent two weeks touring the Netherlands Antilles islands of Aruba and Curacao which, he remarked, distilled their water from the sea.

1933

Howard R. Patton, 1211 West St., Honesdale, Pa., was honored at a dinner by the Board of Directors and the Medical Staff of the Wayne County Memorial Hospital on the occasion of his retirement in June. He had practiced internal medicine, cardiology and pathology for 40 years in Wayne County. Dr. and Mrs. Patton have four children and four grandchildren.

1934

Alfred F. Hammond, Jr., 1514 Trent Blvd., New Bern, N.C., has recently retired. He reports that his new position is "assistant to the housewife." He especially enjoys good food and travel. His interest in photography has enhanced trips to numerous countries. He writes that he would welcome hearing from classmates. Dr. Hammond has two daughters, two grandsons and two granddaughters.

1937

M. Wilson Snyder, 620 Koehler Dr., Sharpsville, Pa., retired in April from his practice of ophthalmology.

1938

Simon M. Berger, Birch Ln., Wyndmoor, Pa., has been appointed Director of the Department of Radiology at Episcopal Hospital, Philadelphia. A Fellow of the American College of Radiology and the American College of Physicians, he has been an outspoken proponent for low dosage mammography and has written extensively on this

class notes

diagnostic procedure. He intends to continue his research and to become involved with teaching at Episcopal.

George A. Silver, Professor of Public Health at Yale University School of Medicine and Director of the Health Policy Project, has been named to the National Advisory Council of the Boys' Clubs of America's National Health Project. The Council will determine policy for a \$548,000 three year project aimed at improving health services for children in low income communities.

1939

George Evashwick, 204 Roswell Ave., Long Beach, Ca., remarked on his good fortune as he wrote on the 33rd anniversary (May 30) of his being wounded in Italy during World War II.

Norman J. Skversky, 6810 Castor Ave., Philadelphia, is contemplating applying for his grandson to the class of '88. That admission would mark four generations at Jefferson.

1941

Paul J. Poinard, 2123 Delancey St., Philadelphia, has been elected President of the Medical Staff at Jefferson Hospital. He is a Professor of Psychiatry and Director of post graduate education in the Department of Psychiatry and Human Behavior.

1943

Robert A. Crawford, Jr., 240 Capitol St., Charleston, W.V., has been elected President of the West Virginia University Alumni Association. The surgeon is also President of Charleston's City Council.

1947

Joseph M. Danyliw, 43 Forest St., Manchester, Ct., reports that son, Thomas James, has finished his third year at Jefferson. The medical student is married with two young sons.

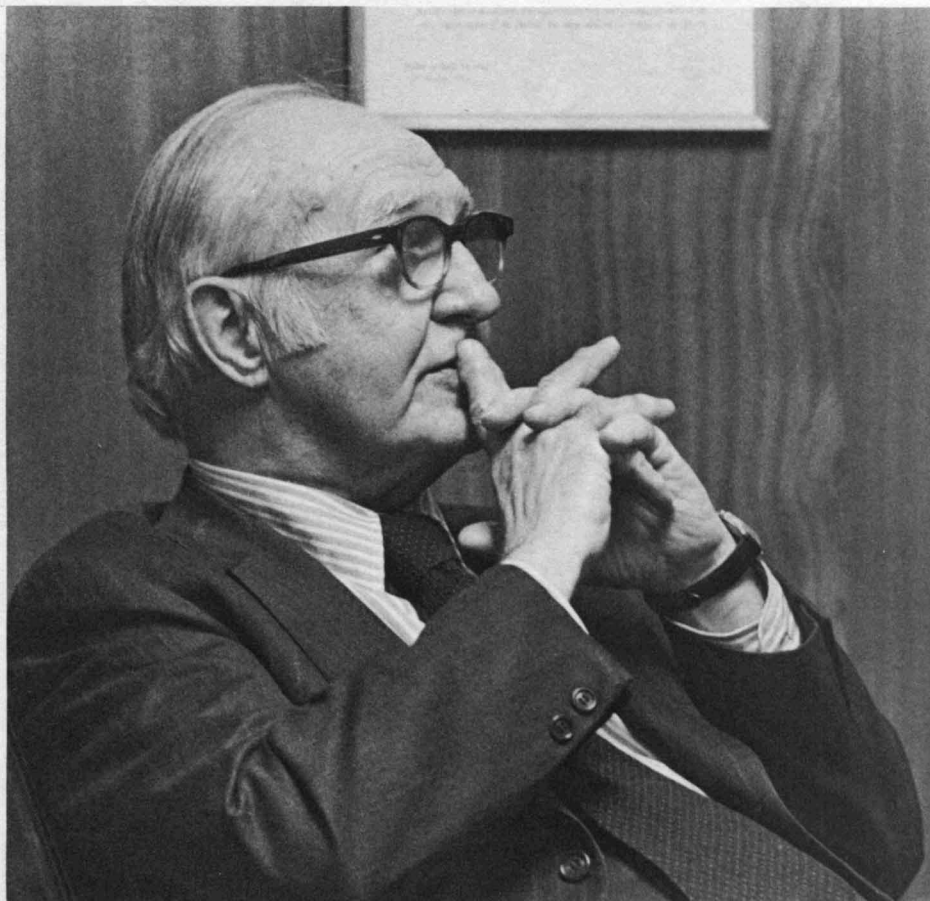
Lewis E. Jones, 1725 Morris Landers Dr., Atlanta, has been promoted to Brigadier General, USAF Reserve, and assigned as Mobilization Assistant to the Command Surgeon, Tactical Air Command, Langley

Southern Politics

Flavors

50 Years

in Medicine



Dr. Kennedy

Courtesy Aiken Standard

Dr. George A.H. Tice 'J44 wrote "the enclosed article pays tribute to a well beloved local citizen. I have known Finley as a friend since 1951 and the article does not do justice to a kindly, competent physician who is a true friend to his patients and the community at large. His modesty would forbid any discussion of the many individuals he has helped. A compassionate man, a real 'gentleman', southern only by accident of birth.

Finley's political influence was and still is strong. He is a good politician who could stay friends with almost everyone including a Yankee carpetbagger, like me (actually I'm nonpartisan with Republican leanings). He taught me to appreciate Harvey's Bristol Cream Sherry and Jack Daniels with branch water.

I could not miss the opportunity to pay a few words of tribute to a dear colleague and friend."

The files are almost empty, the desk is almost presentable and Dr. Finley A. Kennedy '29 has finally gotten down to the bottom shelf—the place where he has kept his class notes from Jefferson Medical College.

He can afford to flip through the pages slowly, to peer at the date, Sept. 27, 1927, and to reflect on the astounding changes in

medicine over a 50-year period.

"Those men that were teaching then were highly trained, skillful clinicians, but the drugs they were reviewing that day—most of them are obsolete," he says.

Kennedy, who has closed his office, divided his time between Augusta and Aiken in South Carolina until 1950, when he moved to Aiken full time.

"When I started practicing, we only had half a dozen drugs we could count on as being effective," he says. There were quinine for malaria, digitalis for the heart and morphine for pain."

Antibiotics were unheard of, penicillin wouldn't be around for another ten years and most doctors in those days could offer only encouragement if someone contracted pneumonia, the dread disease then.

Spinal meningitis, rheumatic fever, blood poisoning—"You had 'em, you got well, or you died," Kennedy says.

"Do you know what we had for lobar pneumonia?" he queries in disbelief. "Aspirin, sponge baths and mustard plasters."

Kennedy, who grew up in north Aiken, returned from medical school and internship at a TB sanatorium to an area strangling from the Depression.

Two-thirds of the farmers in South Carolina were tenants or sharecroppers, working

on farms they didn't own. Poverty prevented adequate diets and medical treatment.

"Nutrition was at its worst," Kennedy recalls. "And in Aiken County, the thing I saw the most were the deficiency diseases: pellagra for lack of a balanced diet, rickets for lack of vitamin D. We were a county hard hit with malarial fever too—hundreds of cases," he adds.

"In such dire poverty, you were prey to anything that might hop on you," he says. "It was an interesting, and discouraging, time to be a part of medicine."

Brewer's yeast—a foul-smelling powder—was developed finally to combat pellagra, and cod liver oil provided the vitamin D to prevent rickets. But the family doctor still relied heavily on what Kennedy calls "the art of medicine" to get his patients well.

"It was—and still is—an art to deal with people, to develop their confidence, to encourage them," he says. "Call it public relations, those people got well because they trusted you."

Kennedy maintains that one of the biggest changes in medicine has been the emphasis from the "art and science of medicine, to the science."

"Doctors are now being trained in technology as being the basis of treatments," he says, "and with that emphasis, they've got to neglect the art."

"It's hard to hold someone's hand when a doctor feels he should be treating in a technical way. But I have always felt I could do more good with love and understanding than with pills," he says quently.

When penicillin was developed in the early '40's, it was embraced as a cure for a wide range of infections, Kennedy remembers. "It did so much good that it was thought to be an answer to all, and I had to argue with many a patient that 'I don't give penicillin for colds.'"

There's a lack of respect, both among pill dispensers and takers, for drugs in general, which Kennedy feels is dangerous.

Dr. Kennedy has seen many social changes in his lifetime, quite apart from those created by medical advancement or civil rights legislation. He has seen Aiken County grow from a sleepy agricultural town of about 30,000 in 1930 to its present 100,000 population. He has seen it change from a cotton-growing, cotton-weaving rural county whose chief claim to fame was its winter colony of northern socialites who came to train horses, play polo and fox hunt to a prosperous suburban county with a wide diversity of industry. He has seen medicine grow eightfold from a situation when there were more polo fields in Aiken than physicians, to a modern community with a good hospital and over fifty physicians in the county. (Four of these are from Jefferson: Dr. Kennedy, Dr. Tice, Dr. Joseph T. Hair '30 and Dr. John C. Beard 'J44.)

Although he wishes to downplay his role in the community, Kennedy has figured

prominently in civic activities and politics.

Among other positions, he has been President of the United Fund, twice Director of the Aiken Chamber of Commerce, President of Aiken's Rotary Club and long an advisor for the Hitchcock Rehabilitation Center.

By buttonholing state legislators, he was one of the leaders who pushed for the mental health clinic where none stood before.

At that time, the state legislature played a dominant role in the affairs of individual counties. Until 1968, when Aiken County began to govern itself, all money for civic projects, building and expansion, had to be approved in Columbia.

When the need arose for expansion of the old Aiken County hospital, the state delegation had to be convinced. And Kennedy was one who switched his "PR" tactics from patients to legislators.

"You had to be friendly with all the members of our delegation, because if you wanted anything done for the community, you had to go to the delegation."

"When we wanted the hospital to expand from 50 beds to 138 beds, after the Savannah River Plant was built, you had to go to three representatives in the House and one state senator," he says.

After that, it was a matter of supporting those members who favored your endeavors. "Politics is a game you learn to love," he says with a rueful smile.

In fact, in a small town as Aiken, politics was the only game. In those early years, the factionalism of a one-party state provided the noise and color, and citizens got their entertainment by candidates demonstrating their charms and qualifications.

"It was a way of life then," Kennedy says. "You had strong likes and dislikes, you got emotional, you had scraps."

It was a game played with such intensity, that even now, knowing the emotional intensity of other positions, Kennedy is wary of talking about his past.

He was elected chairman of the county Democratic Party in 1968, but prefers to talk about state and local politics of the past—episodes that involved his legendary uncle, the "Bishop of Barnwell," the late Senator Edgar A. Brown.

"I get a kick out of politics, but it's just like a cocktail party: when you go overboard, you'll regret it later," Kennedy says. "You play hard, but you've got to accept the outcome."

He is able to talk amicably about the new hospital, a private enterprise which he opposed strongly, in favor of a county-owned and operated facility.

Politics, however, was "always a diversion" with him. "I think I've done a much better job medically than politically."

In fact, Kennedy doesn't want to use the word "retirement" and hopes to contribute in some way to medical projects.

"I'm going to build up a new specialty," he says, smiling. "Housecalls."

AFB, Virginia. Continuing as Chief of Staff, Veterans Administration Hospital, Atlanta, he also remains on the faculty of Emory University Medical School. He writes that he regrets missing the thirtieth reunion.

Chester M. Trossman, 20364 Town Center, Cupertino, Ca., is President of the Allergy Association of Northern California. Certified in pediatrics in 1954 and in allergy and clinical immunology in 1974, he is a Fellow of both the American Academy of Pediatrics and the American Academy of Allergy. Past President of Harvard Club of the Peninsula, he is President elect of the Cupertino Rotary. He and his wife, Ramona, have five children; two are in graduate school.

Donald R. Watkins, 11 Sanford St., Bradford, Pa., was guest speaker at the annual meeting of McKean County Cardiac Committee. He has practiced surgery in Bradford for the past 23 years.

1948

John B. Atkinson, 624 Sussex Rd., Wynnewood, Pa., writes that son **Robert E.**, who graduated from Jefferson in June, was chairman of the 1977 Black and Blue Ball.

Joseph P. Kenna, 902 Penn Valley Rd., Media, Pa., is working in the emergency room of Coatesville General Hospital in Coatesville.

Lee S. Serfas, Easton Hospital, Easton, Pa., has been promoted to Professor of Surgery, Hahnemann Medical College and Hospital, Philadelphia. A Fellow of the American College of Surgeons and a member of the Association of Military Surgeons, he also directs the Department of Surgery at Easton Hospital.

1949

John E. Mills, 123 Congress St., Pasadena, Ca., is in solo practice of ophthalmology. He says, "I am holding up well against my 18 month old son who 'nose' where to point when I say 'eye.'"

1950

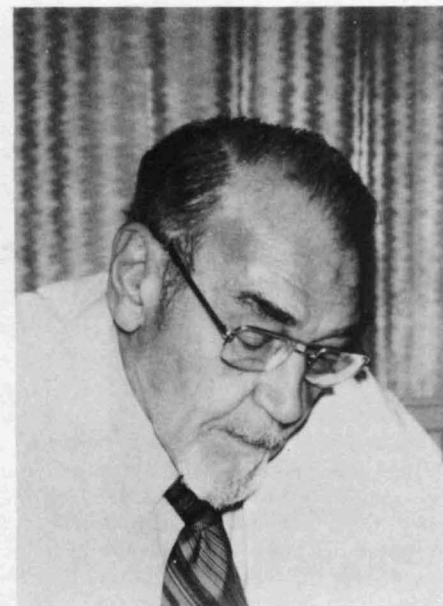
Francis X. Farrell, Capt., MC., USN, Branch Clinic, NAEC, Lakehurst, N.J., is the Senior Medical Officer at the Clinic of the Naval Air Engineering Center. "One son has just finished a four year stint in the army; another son lives at home; while a third son and a daughter are married and live in California."

1951

Ernest F. Doherty, Jr., 219 Heritage Rd., Cherry Hill, N.J., decided after 25 years of

SHAPE Becomes Home to Civilian

Jean G. N. Cushing, M.D.



The vehicle for psychotherapy is words. The ployplot community of SHAPE has presented Dr. Jean G. N. Cushing '35 with linguistic problems not encountered in the therapeutic dialogues conducted over the nearly forty years he practiced psychoanalysis and psychiatry among civilians in the United States. "SHAPE," short for Supreme Headquarters Allied Powers Europe, is in Belgium. As Chief of Psychiatry and Social Services at the SHAPE Medical Center (SHAPEMEDDAC), Dr. Cushing interacts professionally with personnel from the French Military Mission and the thirteen participating countries—Belgium, Canada, Denmark, Germany, Greece, Italy, Luxembourg, Netherlands, Norway, Portugal, Turkey, the U.K. and the U.S.

SHAPE is military headquarters for the European Command, one of three Major Commands governed by the Military Committee of NATO. Formed in 1948, NATO consists of fifteen member nations. Article V of the North Atlantic Treaty contains a provision that "an armed attack against one is an armed attack against them all." In peacetime SHAPE's function is to be prepared for such an attack. During war, the Headquarters assumes command to ensure the integrity of member nations; General Alexander Haig would then become what General Eisenhower was in 1943 and '44.

As a center of military command, SHAPE is a mecca for "top brass." Estimating that the staff of 1,200 contains 40 Generals and 400 Colonels, Dr. Cushing defines SHAPE as "the place that has more Generals than any other spot in the world, including the Pentagon; so many, in fact, that when the medical staff doesn't trip over them, they trip over themselves." That last dry observation conveys the flavor of a world governed by military protocol whose intricate

patterning is compounded by arrays of from one to four stars.

Within the world of the military elite is Dr. Cushing's base of operations, SHAPEMEDDAC. Out-patient clinics are run by physicians from the U.S., the U.K., Canada, Belgium, Germany and Turkey. Specialty clinics, however, are almost exclusively staffed by U.S. physicians who are military personnel. Dr. Cushing is one of the two full time members of the medical staff who are civilians.

He reports a general paucity of doctors in the military world; the "New Army" does not draft. Physicians, however, do enter the military from private practice for a limited tour of European duty. Dr. Cushing comments that this experience has generally been favorable for the physician and his family. Despite such a recruitment procedure, Dr. Cushing is still a quarter of a century older than other members of the hospital staff.

The SHAPE hospital itself has about 70 beds; 35 are for the OB-GYN service. One room is reserved for psychiatry. Regarding the preponderance of OBG beds, Dr. Cushing notes that military personnel of lower ranks tend to be between the ages of 18 and 35, and spouses usually accompany married troops.

Dr. Cushing's patients are comprised not only of the military personnel of fifteen nations and their dependents, but also of NATO civilians and U.S. civilians associated with embassy staffs and their dependents. SHAPEMEDDAC also supports the NATO Health Clinic in Brussels and the 6th General Dispensary in Brunssum, Holland, which supplies medical care for Allied Forces Central Europe.

Although the accents heard in Dr. Cushing's consulting room may be foreign, most

complaints voiced are similar to those heard in his former private practice. Some peculiarly SHAPE induced problems are a function of culture shock. One young soldier was, for instance, quite upset when she discovered that fried chicken could not be taken out at three or four in the morning. A partial review, however, of one week's appointments reveals the universality of the ailments: a 29 year old Army Sergeant in the early stages of DT's; a 20 year old U.K. civilian secretary overdosed on diazepam because she could not decide between two suitors; a Naval officer with serious marital problems; a Turkish officer feeling lonely and abandoned; an Air Force wife becoming claustrophobic after two and a half years at SHAPE; and a civilian employee of an American cemetery in France who according to Dr. Cushing's diagnosis "is developing Korsakov's Syndrome probably because of liberal libations of French wines."

Dr. Cushing comments that military personnel express some reluctance to seek psychiatric aid for fear of hurting their careers. The staff tries to reassure them that records are secure and confidential, and the full appointment book attests to the degree of trust they have inspired.

Dr. Cushing particularly enjoys the diagnostic work most frequently referred. He also sees several patients on a sustained basis—about one interview a week. Because time is limited, he has had to adapt traditional psychoanalytic techniques for a more compact application. Dr. Cushing finds the scheduling as well as the linguistic challenges to be quite engrossing. His comments certainly suggest a man who feels rewarded by the process of grappling with the challenges of his work.

His move to SHAPE in May of 1975 was motivated by a desire to establish a realm



for professional activity different from that he shared with his wife and partner, Dr. Mary McKinniss Cushing, who died in August of 1974. Dr. Cushing's son, a Major with Counter Intelligence, lives in Ankara, Turkey. A daughter, her husband and son remain stateside in Baltimore.

Dr. Cushing occupies a little house in the village of Erbisoeul approximately five miles from the hospital. The comparative isolation of such a location has been counteracted by the recent purchase of an English sports car, a TR7. In it Dr. Cushing visits not only his son's family in Ankara, but also other European cultural centers. On weekends he "tootles along the autobahns and autoroutes" that connect Paris, Bavaria, Frankfurt, Heidelberg, The Hague, Amsterdam, and Stuttgart.

Of the particular problems of the American living abroad, Dr. Cushing comments that individuals are as popular as individuals of any other nationality, but that the collective image is tarnished. That image suffers especially when our overall military system "cranks up on the European systems" in what tends to be viewed as a thoroughly overbearing manner. As an American in SHAPE, Dr. Cushing feels he has been "treated magnificently." As an American in Belgium, his reception has always been courteous but cool. With the explanatory finesse apropos of his specialty, Dr. Cushing points to the history of the Belgian relationship to SHAPE. The Headquarters was brought to a particular region of Belgium in order to stimulate an economy depressed because of exhausted coal mines. It is a case, observes Dr. Cushing, of "would-be benefactors being resented by the local nationals." The tenor of his analysis certainly suggests the alliance of physician and diplomat.

general practice to take a commission as commander in the U.S. Public Health Service. He is happy with his assignment as Staff Medical Officer, U.S. Coast Guard, Cape May, N.J.

Victor F. Greco, E-Z, R. D. Drums, Pa., has been appointed Adjunct Professor of Medicine at Kings College in Wilkes Barre. Dr. Greco is teaching students in the Physicians Assistants program there.

1952

Harry H. Hoffman, Jr., 300 Stony Battery Rd., Landisville, Pa., reports that his oldest daughter, Jessica, (a Gettysburg College graduate) gave him a granddaughter, that his middle daughter, Melissa, just graduated from Dickinson, and that his youngest, Rebecca, is attending the University of West Virginia.

Leo J. Maguire, Jr., Sycamore Ln., Wallingford, Pa., has been elected President of the Medical Staff of Mercy Catholic Medical Center, where he is Associate Attending Surgeon. He is Board certified in urology. He is married and has four children.

Albert H. Wilkinson, Jr., 413 Howard Doctors Bldg., 820 Prudential Dr., Jacksonville, Fl., is Surgeon-in-Chief at Jacksonville Children's Hospital; Chief of the Pediatric Surgery Service, University Hospital of Jacksonville; Consultant in pediatric surgery for the Naval Regional Medical Center, Jacksonville; and Clinical Associate Professor of Pediatric Surgery, University of Florida College of Medicine.

1953

Hampton P. Corson, 1420 Club Pl., Johnstown, Pa., is President of the Medical Staff, Conemaugh Valley Memorial Hospital in Johnstown. He is an obstetrician, gynecologist.

Richard E. Dalrymple, 1161 Ellison Dr., Pensacola, Fl., maintains a busy family practice. A charter Fellow of A.A.F.P., he attended Jefferson's annual seminar in France and Italy. Only one of four children has yet to complete college. Dr. Dalrymple also has two grandchildren.

David W. Kulp has joined the Correlative Therapy Educational Center in Allentown as Director of child psychiatry. He is a Fellow of the American Academy of Child Psychiatry, the Regional Council of Child Psychiatry, and the American Psychiatric Association. He has two children.

Stanley S. Schneider, 679 Loring Ave., Los Angeles, is Chief of Anesthesiology at Cedars-Sinai Medical Center.

1954

Jerome Dersh, 232 North Fifth St., Reading, Pa., has been elected President of the Medical Staff at St. Joseph Hospital, Reading, where he was formerly Vice-President/Secretary of the hospital physicians' group. A Fellow of the American College of Surgeons and a Diplomate of the American Board of Ophthalmology, he is on the executive committee of the Pennsylvania Academy of Ophthalmology and Otolaryngology and serves as Editor-in-Chief of the organization's medical journal. He is also on the Board of Trustees of Albright College.

1955

William A. Anthony, Jr., 1016 Charleston Ci, Roseville, Ca., has recently become Board certified in family practice. He participates in a seven man family practice group with Paul J. Dugan '56.

Edward F. Becker, R.D. #1 Spring Mill Rd., Chadds Ford, Pa., has been promoted from Clinical Instructor to Clinical Assistant Professor of Ophthalmology at Jefferson (Wilmington Medical Center Affiliate).

Burton S. Benovitz, 425 Tioga Ave., Kingston, Pa., thoroughly enjoyed the Jefferson trip to Italy and Sicily and anticipates the next sojourn.

Michael G. Christy, formerly of Lancaster, Pa., has begun surgical practice with two other men in Brookville, Pennsylvania. He is a Fellow of the American College of Surgeons. Dr. and Mrs. Christy have two children; the oldest, Sara Morrison, is attending Skidmore College.

1956

Sheldon G. Gilgore, 9 Rockwell Ln., Darien, Ct., has been elected to the Board of Trustees of Clark University, Worcester, Massachusetts. He is President of Pfizer Pharmaceuticals and a Vice-President of Pfizer Inc. He belongs to the American College of Clinical Pharmacology and Chemotherapy, the American Diabetes Association, and the American Federation for Clinical Research. He and his wife Irma have three sons.

Hubert R. Nestor, 3074 Warren Ln., Costa Mesa, Ca., combines full time private practice of psychiatry with staff work at South Coast Community Hospital in South Laguna, and Hoag Memorial Hospital in Newport Beach. Certified as a Diplomate of the American Board of Psychiatry and Neurology, he is Clinical Instructor of Psychiatry at the University of California, Irvine. He and his wife Nina, a psychiatric social worker, have five children.

1957

Donald P. Elliott, 4200 W. Conejos Place, Denver, practices thoracic and cardiovascular surgery at St. Anthony Hospital, Denver, where he is Chief of Surgery.

Gerald Labriola, 88 Timothy Rd., Naugatuck, Ct., was elected Chief of Staff at Waterbury Hospital. He continues private practice in pediatrics.

Edwin LePar, 1040 Kingsley Rd., Rydal, Pa., has a new daughter, Heather Wendy.

Lowell D. Mann, 8 West Bainbridge St., Elizabethtown, Pa., is taking a residency in psychiatry at The Milton S. Hershey Medical Center.

Joseph F. Rodgers, 1723 Sylvan Ln., Gladwyne, Pa., has been elected Secretary Treasurer of the Medical Staff at Jefferson Hospital. He is a Clinical Associate Professor of Medicine.

1958

James W. Montague has been named Assistant Director of the family practice training program at Williamsport Hospital, Pennsylvania.

Stewart A. VerNooy, Jr., 28 N. Main St., Homer, N.Y., was featured in the July issue of the *Bulletin* of the American College of Physicians in an article on his rural health clinics in New York State.

1959

Charles L. Brodhead, Box 6611, N.R.M.C., Oakland, Ca., has been promoted to Assistant Chief of Surgery and Head of Thoracic Surgery at the Naval Regional Medical Center in Oakland. He is certified by the American Board of Thoracic Surgery.

Ronald E. Cohn, 4940 Frankford Ave., Philadelphia, was inducted into the Legion of Honor of the Chapel of the Four Chaplains, Philadelphia. The distinction is for community service and humanitarian accomplishment. Board certified in internal medicine and the sub-specialty of endocrinology, he is Clinical Associate Professor of Medicine at the Medical College of Pennsylvania. Dr. Cohn also reports that his group has just opened the Torresdale Division of Frankford Hospital thus maintaining "two hospitals under one roof."

1960

Sherman W. Everlof, 24, E. Springfield Rd., Springfield, Pa., practices obstetrics and gynecology in Springfield and teaches part time at Jefferson.

William F. Hushion, 437 W. Springfield Rd., Springfield, Pa., is Medical Director for the Philadelphia Electric Company.

1961

Warren A. Katz, 408 Richard Knoll, Haverford, Pa., is the author of *Rheumatic Diseases: Diagnosis and Management* (J. B. Lippincott). The Chairman of Pennsylvania's Governor's Task Force on Arthritis, he is the President of the Eastern Pennsylvania Chapter of the Arthritis Foundation.

Maurice J. Lewis, 3903 Dora Ci., Harrisburg, Pa., has been made a Fellow of the American College of Physicians. Board certified in internal medicine, he is a staff member of Harrisburg Hospital and Assistant Clinical Professor at the Milton S. Hershey Medical Center.

John G. Starr, P.O. Box 3, Auke Bay, Ak., reports that he has moved from Anchorage and his private practice of pediatrics to Juneau and the post of state epidemiologist.

1962

George A. Blewitt, 21 Patriot Ci., Devon, Pa., is Associate Director of Clinical Services (Nephrology) for Smith, Kline and French Laboratories, Philadelphia.

W. Lawrence Drew, 2345 Spanish Trail Rd., Tiburon, Ca., is Director of the Microbiology Lab and Infectious Disease Service at Zion Hospital, San Francisco. He has edited a book on viral infections. He and his wife, Anne, have four children.

Herbert C. Perlman, 1104 Fleetwood Dr., Carlisle, Pa., has been appointed Clinical Associate Professor of Radiology at Jefferson.

David E. Rosenthal, 1726 Clinton Dr., Ambler, Pa., enjoys a busy internal medicine practice with **Hy Kahn '56** in Elkins Park, Philadelphia. He attributes his family's recent move to "needing more room for his three boys (ages 4, 9 and 11)."

A. Carl Segal, 5222 Eliot's Oak Rd., Columbia, Md., is leaving his position as Director of the Bureau of Mental Health, Howard County, in order to extend his private practice of psychiatry. Former President of the Professional Staff of the Howard County General Hospital, he is currently serving as President of the Howard County Medical Society. He has joined a partnership of some 20 physicians and dentists to build a medical office building next to the community hospital. He plans to do volunteer work with the health department as well as teach at Johns Hopkins. His son Mark is attending the University of Rochester; daughter Ellen is entering Juniata College this fall; and Marcia and Steven are still at home.

Joseph Snyder, 1344 Winding Way Ln., Silver Spring, Md., is enjoying the practice of ophthalmology. He is Membership Chairman of the Montgomery County Medical Society and Legislative Chairman of the Maryland Academy of Ophthalmology.

1964

Ronald J. Horvath, 8621 Germantown Ave., Philadelphia, has been appointed Clinical Assistant Professor of Orthopaedic Surgery at Chestnut Hill Hospital, Jefferson affiliate.

Irvin B. Keller, 2383 Brookside Way, Indian-Atlantic, Fl., comments that he and **Robert J. Sarnowski '64** remain very busy in their practice of neurosurgery.

Alan B. Levy, 315 Humboldt St., Denver, is Director of Psychiatry at St. Anthony Hospital and a candidate at the Denver Institute for Psychoanalysis.

1965

Lottie A. Varano, Box 249, Hershey, Pa., has been promoted to Associate Professor of Radiology at the Milton S. Hershey Medical Center. He joined the faculty in 1972.

1966

Nathan Cohen, 12290 Skyline Blvd., Woodside, Ca., enjoys a busy general psychiatric practice as Chief of the Service with the Kaiser-Permanente in south San Francisco. He reports a thorough liking of the Bay area.

James A. Letson, Jr., 2819 Nottingham West, Saginaw, Mi., received an award for outstanding teaching at the commencement convocation of the Michigan State University's College of Human Medicine in East Lansing. An Assistant Clinical Professor of Surgery, he is in private practice as an otolaryngologist in Saginaw.

1967

D. Leslie Adams, 50 Little Run Rd., Camp Hill, Pa., is restoring a farmhouse, vintage 1805. His obstetrics and gynecology practice remains busy. He has two children.

Charles A. Meyer, Jr., 818 Aumond Pl. East, Augusta, Ga., is Chief, Psychiatry Service, at the V.A. Hospital in Augusta and Associate Professor of Psychiatry at Medical College of Georgia. Formerly he was with the Education Service, V.A. Central Office in Washington, D.C., and on the staff at Georgetown University. He and wife Barbara have four children.

Harvey W. Scholl, Jr., 9601 Ditman St., Philadelphia, has joined a Radiology Group

at Chestnut Hill Hospital. His sixth child was born in March.

Louis W. Schwartz, 410 Vernon Rd., Jenkintown, Pa., has been promoted to Senior Assistant Surgeon of Wills Eye Hospital. He also practices ophthalmology in Lansdale, Pennsylvania.

Paul P. Slawek, 525 Roxborough Ave., Philadelphia, has been appointed to the active medical staff, associate attending staff, Division of Medicine at West Park Hospital, Philadelphia. He is also on the medical staff of Roxborough Memorial Hospital.

1968

Stephen R. Ellin, 3 Cedar Pond Dr. #2, Warwick, R.I., practices radiology in Providence.

Herbert J. Luscombe, 187 Rice Dr., Morrisville, Pa., gained another child in January. He has three other children.

Lawrence K. Snyder, 1682 34th St., San Francisco, is studying counseling at the Psychosynthesis Institute and practicing anesthesiology part time.

Bruce L. Stevens, 183 Hemlock Dr., E. Greenwich, R.I., practices radiology at a community hospital with six other men including **Stephen R. Ellin** '68. Dr. Stevens, who recently passed the Nuclear Medicine Board Examination, reports that after seven years in the Navy, he is well adjusted to civilian life.

1969

Van S. Batchis, 1162 Beacon St., Brookline, Ma., is in a private practice of psychiatry.

Alan S. Bricklin, 22733 DeKalb Dr., Woodland Hills, Ca., is practicing pathology with a group in Encino, a suburb of Los Angeles. He and his wife have two children, Melissa and Seth.

John H. DeFrance, RD 4, Brookfield, Ct., has completed a residency in thoracic and cardiovascular surgery at the V.A. Hospital in Asheville, North Carolina, and entered private practice in Danbury, Connecticut. He is Board certified in thoracic surgery. His wife, Jeanne, is expecting their fourth child.

Leonard M. Glassman has left the Air Force and accepted a position as Assistant Professor of Radiology at George Washington University Medical Center, Washington, D.C.

Thomas A. Lane, 2770 Cordoba Cove, Del Mar, Ca., announces the birth of his first child, Jessica Katherine. He and his wife, Sonja, have given up dingy racing for cruising in a newly acquired sailboat.

James V. Mackell, Jr., 104 Albemarle Dr., Penlynn, Pa., performs orthopaedic surgery

at Nazareth Hospital, Philadelphia, and at Holy Redeemer Hospital in nearby Meadowbrook.

Mark Nissenbaum, 3705 Hamilton St., Philadelphia, has entered an association with the Hand Rehabilitation Center of Philadelphia with **Dr. James M. Hunter** '53 and **Dr. Lawrence H. Schneider**.

Paul and Linda Weinberg, 30 Lakeview Hollow, Cherry Hill, N.J., have returned to the Philadelphia area after two years in San Diego and two years in Boston. Paul, a F.A.C.C., is Assistant Professor of Pediatrics at the University of Pennsylvania Medical School and Assistant Physician in the Division of Pediatric Cardiology, Children's Hospital of Philadelphia. An F.A.A.P., Linda plans to pursue her work in developmental pediatrics. They have a son, Joshua.

Edward B. Yellig, 1512 St. Mary's St., Raleigh, N.C., has assumed directorship of Wake Health Services, Inc., a group of community health centers in Raleigh. He and his wife, Suzanne, have just had a son.

1970

Edward B. Bower completed two years of army service at Ft. Stewart, Georgia, where he was Chief of Surgery. In 1976 he was certified by the American Board of Surgery. Dr. Bower has opened a practice in Monroe, North Carolina.

Michael D. Ellis, 2318 Valley Rd., Huntingdon Valley, Pa., has been elected to Fellowship in the American College of Obstetricians and Gynecologists.

Allan P. Freedman, 8359 Cadwalader Ave., Elkins Park, Pa., has been appointed Assistant Professor of Medicine at Hahnemann Medical College and Hospital where he is a member of the Division of Pulmonary Diseases. His wife, Barbara, a recent law school graduate, will clerk in the federal district court. They have three children, Avi, Reeve and Noam.

Peter V. Scoles, 4215 Chaucer Ln., Columbus, Oh., has been appointed Assistant Professor of Surgery at Ohio State University and Assistant Director of Clinical Services, Department of Orthopaedics at Children's Hospital of Columbus.

Robert A. Stein, 211 N. Prairie Ave., Inglewood, Ca., is practicing internal medicine and nephrology. He recently married the former Cecelia Sue Miller.

1971

Robert E. Chandlee, 3420 Mission Ridge Ci., Atlanta, is Board certified in diagnostic radiology. He is the Head of special procedures in two general hospitals in Atlanta's

northwest suburbs. "After one year Barbara and Jeanette have decided we no longer need Chicago's winters."

William C. Davison, 907 Northwest Hwy., Park Ridge, Il., "just finished wasting two years in the Air Force in Alaska." Board certified in neurology, he plans to enter private practice in the Chicago area.

James R. Dooley, 864 Ames Ave., Palo Alto, Ca., began his last year of anesthesia residency at Stanford Medical Center in Stanford.

Theodore W. Fetter, 713 Oxbow Dr., Virginia Beach, Va., is on the otolaryngology staff, Naval Regional Medical Center, Portsmouth, Virginia. He completed a residency in otolaryngology at the Naval Regional Medical Center, San Diego. Dr. Fetter is a Diplomate of the American Board of Otolaryngology. He has a son, Theodore.

William C. Hamilton, 540 A Winans Rd., West Point, N.Y., has finished an orthopaedic residency at Jefferson. Awarded the North American Travelling Fellowship, he visited orthopaedic centers in selected U.S. and Canadian cities. He is now serving in the army at West Point. He has two daughters.

Ronald A. Hoffman, 445 E. 80th St., Apt. 6-F, New York, is presently practicing in Manhattan as an associate of the Neurotologic Association P.C. He completed a residency in otolaryngology at New York University's Bellevue Medical Center.

Philip A. Macy is taking a residency in anesthesiology at The Milton S. Hershey Medical Center in Hershey, Pennsylvania.

James G. McBride, 20 Meade St., Wellsboro, Pa., is entering private practice of ophthalmology. "He, his wife Carol and their son, Patrick McIlhaney, extend an invitation to all classmates to stop and visit if in North-central Pennsylvania."

Harvy F. Sasken, 261 Commonwealth Ave., Boston, plans to remain on the staff of the Beth Israel Hospital, Boston, after completing pathology training there. He and wife, Susan, have had another daughter, Lara Meri.

Stuart A. Scherr, Box O, Gorgas Hospital, Balboa Heights, Canal Zone, is serving as Chief, ENT Service, United States Army. Having recently married the former Lori Singley of Philadelphia, he comments that he has "adjusted well to marriage, army, tropics and tennis."

1972

Richard E. Brennan, Hopkinson House, Philadelphia, has been promoted from Instructor to Clinical Assistant Professor of Radiology at Jefferson. As class speaker at

Village Renewal:

Community Approach to India's Problems

by Robert T. Lentz

Recently Dick Alton, Prior of the Philadelphia House of the Institute for Cultural Affairs, and I left John F. Kennedy International Airport to participate in a Human Development Project consult in a remote village in India. The Air India flight was long and tiring but after approximately 24 hours we arrived in Bombay. It was evident from the very first moment that we were in a different world, a world of poverty, overpopulation and much despair.

On reaching the Bombay House of the Institute we learned that we were assigned to the project at Chikhale, a small village two kilometers off the highway from Bombay to Poona, and 25 miles from Bombay. Having arrived at 9:00 A.M. we had the remainder of that day to rest from the flight, to attend to a few errands and to adjust to a new environment.

Saturday morning, joined by two other Philadelphians, we started for Chikhale. Needless to say our minds were filled with a mixture of curiosity, apprehension and doubt, all laced together with a good measure of hope. This hope was supported by reports of only successes in other village projects conducted by the Institute in its programs of global demonstrations.

The first leg of our bus trip was slow, bumpy and crowded but otherwise uneventful. On reaching Panwel, a junction for local buses, we hesitated to wait for the next bus past Chikhale so we bargained for rides in two "rickshaws," three wheeled vehicles that carry only two passengers. One of the drivers knew very little English and we knew no Marathi so we had doubts about the arrangements, but off we went. Once off the highway our doubts were reinforced. The road, though centuries old, was barely passable.

Immediately upon arrival we were surrounded by a dozen young boys and led to the consult headquarters. Four caucasians could be there for only one purpose. We were soon taken to meet the advance party and were quickly introduced to program plans and assigned tasks for the opening of the project.

The Institute of Cultural Affairs is a global research, training and demonstration group with concern for the human factor in world development. The ICA is convinced that effective human development must be initiated at the local level and therefore is engaged in planning and implementing community development projects in various parts of the world. The Institute has offices in more than 100 major cities serving 23 nations. Its programs are supported by grants, gifts and contributions from governmental agencies and departments at all levels and from private foundations, corporations and

concerned individuals.

The Chikhale Human Development Project is a replication of the pilot socio-economic development project held at Maliwada in December 1975. During 1976 the consult format was tested in a few selected villages in the state of Maharashtra as demonstrations of rural development. Learning of the movement the leaders of the village requested a consult. They decided to send several young residents to the Institute's eight week Human Development Training School and to invite ICA staff members and graduates of the Training School to move into the village as the local auxiliary for the project.

Chikhale is a village of 1700 people clustered on about eight acres of land. The few Brahman families occupy substantial, well built stone houses on higher land while the other villagers are cramped in about five acres. The homes are made of a poor grade of local bricks or bamboo plastered with mud. The average family numbers ten. The average home has two rooms and the family farms about four acres. Rice and common vegetables provide the family with its food. When the crop is good the surplus is sold to provide the family's sole income.

The only modern convenience is electricity. Although the Brahman families have individual wells there is only one well for the villagers. There is no running water and water for all purposes is carried to the homes. There are no sanitary facilities. (I was ever so grateful for the toilet at the Brahman's home where we were housed.)

The local school provides classes for children through seventh grade. Education is not free so only one half of the children attend. High schools are available in two of the neighboring villages for the lucky few who can afford the tuition.

The consult took place from March 13 to 17. The team of consultants numbered approximately 100, 80 of whom were local villagers. Many other local people participated on a part time basis and many more were interviewed in their homes, in the fields and at their places of work. Indian consultants who came from outside Chikhale, represented businesses and professions in Bombay, Poona and Panwell. International consultants came from Canada, Malaysia and the United States. They represented both the public and private sectors and attended the consult at their own expense. On the basis of their varying expertise they worked with the local people in teams concerned with education, community development, essential services, business and trade, and agriculture.

The opening session was a time for introducing the concept and the program. It was a time for celebrating new life for the village. The first session charted the operating vision of the people of Chikhale for the improvement of their village and for a better life for their families. Secondly they dis-

Mr. Lentz, now the University's archivist, served as Jefferson's Librarian for 44 years.

cerned the underlying contradictions which are blocking the realization of that vision. They then built a set of overall practical proposals for dealing effectively with the contradictions. Fourth they created a set of tactical systems by which the proposals could be realized. Finally they enumerated and scheduled the application of the tactical systems. The consultants used their time as work teams in the field conversing with residents and investigating resources, as members of workshop sessions and in plenary gatherings where collected data and team reports were formed into the corporate product of the consult. The aim was to employ a set of social methods to enable a plan of village renewal to emerge from the aspirations and efforts of the people themselves.

The interest and excitement apparent throughout the week points to the fact that the Indian people are ready for village renewal efforts. At the closing session the villagers expressed gratification that for the first time Brahmins sat with them to eat and discuss local problems. Throughout the week residents recognized many things not seen before. On the final day of the consult the education team opened a pre-school with two teachers and 35 children. At the same time the agricultural team cleaned out a well and began a demonstration farm. In addition the Government plans a new bridge and following the monsoon in the fall will improve the main road which connects the village with the outside world. Within a few days the community had assumed a new posture of responsibility and had prepared for a new step forward in its growth.

After the close of the consult Dick Alton and I stayed in the village to work with the Institute staff and auxiliary members to develop a time line of events during their two year stay there. A great number of changes were planned in every arena of the community. A first aid station was inaugurated with a staff member in charge and news was announced of a government doctor visiting one day a week. It was also announced that the Bombay Rotary would send a team of doctors to survey the village and make recommendations for correcting the lack of sanitary facilities. To alleviate the lack of water another village well is planned. Irrigation facilities also are scheduled in order to permit more than one crop each year. And a small food processing plant and other small businesses also will be started.

Because of the changes and excitement noted in the villagers I have every reason to believe that Chikhale will serve as a model for other villages. I had gone to India with doubts, but I came away with a marked feeling of hope.

Several times we heard the people express wonder that we would pay our own way to give them help. Perhaps now they too will understand something of the feeling of accomplishment in caring.

the Reunion Clinics on June 8, he presented a talk on "CT of the Head—Its Use; CT of the Body—Its Misuse."

Dennis J. Cleri, 1563 E. 33rd St., Brooklyn, N.Y., began a pediatrics residency at Long Island College Hospital after being discharged from the army. He is Board certified in internal medicine.

Joel I. Cossrow, 200 Lenape Ave., Melrose Park, Pa., has been promoted to Clinical Assistant Professor of Radiology at Jefferson.

Stuart M. Deglin, RFD #8, Box 93, Morgantown, W.V., has been appointed Assistant Professor of Medicine (Cardiology) at the West Virginia University School of Medicine. His wife, Judi, has been appointed Assistant Professor of Clinical Pharmacy at the School of Pharmacy.

Michael L. Eisemann has completed an otolaryngology residency at Johns Hopkins and assumed a position as Assistant Professor at the University of Texas in Houston. He and wife Linda "are enjoying two year old Vanessa."

Gene H. Ginsberg, 1140 N. 25th St., Allentown, Pa., has opened a practice of internal medicine. His wife is the former Ann Berneman. They have two children.

Stanley J. Goldberg is serving as a general surgeon at Malcolm Grow Medical Center, Andrews Air Force Base, Maryland. The major is married to the former Lois Ann Skversky.

James W. Mahoney, 227 S.W. Kingston Ave., Portland, Or., reports he is happily returned from a year in New Zealand. He has a faculty appointment in anesthesiology at the University of Oregon's Medical School.

Cheryl and Steven Naulty, 7858 Briardale Ter., Rockville, Md., write that a daughter, Stephanie Lynne, was born in July, 1975. "Steve is still in the Navy, finished a two-year research Fellowship in OB anesthesia and became Staff Anesthesiologist in June. Cheryl is an Associate Neonatologist at Children's Hospital in Washington, D.C. and an Assistant Professor of Pediatrics at George Washington University."

Howard T. Pfpupajena, 555 Sloop Rd., Pittsburgh, has completed a general surgery residency and passed part one of the Boards. He is beginning a thoracic surgery residency at Allegheny General Hospital in Pittsburgh. He recently married Shearly A. Harper.

James W. Redka, a family practitioner, has joined the staff of the Valley Community Health Care Center in Picture Rocks, Pennsylvania. He is also on the staff at Muncy Valley Hospital. His wife, Peg, is a nurse practitioner.

Carol A. Talacki Rivera, Edificio Oliver #308, Arecibo, P.R., writes that a son,

Steven, was born on January 8, 1977 to her and her husband Raul.

Jeffrey M. Rosch, R.D. 2, Box 70, Hollidaysburg, Pa., has a practice in Altoona for pediatric and adult allergy and clinical immunology.

Lawrence R. Schiller, 196th Station Hospital, SHAPE, APO, N.Y., is on active duty with the Supreme Headquarters Allied Powers Europe in Belgium. He and his wife, Annie, would be pleased to see any of their friends from Jeff who are travelling in the area.

Marc W. Shapiro, 280 N. Woodward, Ste. 210, Birmingham, Mi., has opened an office for the practice of dermatology at the above address.

Theodore R. Sunder has completed a fellowship in child neurology and is certified in pediatrics. In July he was stationed at Camp Pendleton, Ca., for active navy duty.

Martin Weisberg, 35 Carter Ln., Elkins Park, Philadelphia, is publishing a series of articles under the general topic of "Sexual Medicine." An Instructor in Obstetrics and Gynecology at Jefferson, he is a contributing editor for *The New Physician* where the articles have appeared.

George M. Zlupko, Hope Ln., RD 5, Altoona, Pa., has limited his private practice to pulmonary disease. He is also Chief of respiratory therapy at Altoona Hospital. He, wife, Sandra, and their two sons live on 12 acres of mountain.

Thomas E. Zukoski, 223 Cornell Ave., Clarks Summit, Pa., has begun a two-man pediatrics practice at Mercy Hospital in Scranton. Board certified in pediatrics, he has recently completed two years of active duty as a lieutenant commander at the Naval Aerospace and Regional Medical Center, Pensacola, Florida. He was Chairman of a regional Naval Child-Abuse Program. He has four daughters.

1973

Rodney A. Appell, Yale-New Haven Hospital, 789 Howard Ave., New Haven, Ct., has completed a year as Lecturer in urology at The London Hospital, London, England. He will complete his residency at Yale University School of Medicine. He presented his research on the effects of temperature on sperm motility and viability at the 9th World Congress on Fertility and Sterility, held last April at Miami Beach. He presented the second phase of his work at the British Association of Urological Surgeons' annual meeting in Scotland.

Paul A. Bialas, 14 Jackson St., Warren, Pa., has been named Consulting Editor of *Medical Challenge*. Having served as Chief Med-

ical Resident and Instructor in medicine, Presbyterian Hospital, University of Pittsburgh, he is beginning private practice of internal medicine. A second child, Bridget, was born last December.

Peter M. Cianfrani, 925 Main St., Pennsburg, Pa., began solo practice of family medicine last June.

Edward A. Kelly, Jr., 203 Louis Dr., Exton Pa., is a Diplomate of the American Board of Family Practice. He opened an office in Downingtown. He and his wife, Sharon, expected their first child in July. "Classmates in the area are invited to stop by."

Elliott G. Leisawitz has completed an internal medicine residency at Reading Hospital and Medical Center. Having been Board certified in internal medicine, he has entered a two-man practice at 122 W. Lancaster Ave., Shillington, Pennsylvania.

Gary J. Levin, Woodmont North Apartments, Downingtown, Pa., has opened an ophthalmology practice.

Cyril M. J. Puhalla, 1218 Walnut St., Philadelphia, is Clinical Instructor in the Department of Psychiatry and Human Behavior at Jefferson. Currently Medical Director and Psychiatrist-in-Chief of Jefferson's Psychiatric Partial Hospitalization Unit, he is a medical consultant to the Community Mental Health Center. His research interests include the "Diagnosis and Treatment of the Borderline States in a Partial Hospitalization Unit."

Daniel M. Scotti, 1735 Williamsburg Pl., Clementon, N.J., is finishing a Fellowship in angiography at Jefferson where he is Chief of vascular radiology.

Stanford N. Sullum is opening an office at 21 E. 87th St., New York City, for the private practice of obstetrics and gynecology. He is affiliated with the Mt. Sinai Hospital.

1974

Lee E. Denlinger has joined the medical staff of Titusville Hospital in Pennsylvania. He recently completed his residency in internal medicine at Bryn Mawr Hospital. Dr. Denlinger is associated with Dr. Barbara Barnes in offices at 418 N. Washington Street there.

Bradley R. Hoch has opened an office at 65 W. Middle St., Gettysburg, Pennsylvania, for the practice of pediatrics. Dr. Hoch, who is on the staff of Warner Hospital there, served a residency at Children's Hospital in Philadelphia.

Edward M. Jeryan, Star Rt., Fultonham, N.Y., has completed a three year family practice residency at Overlook Hospital, Summit, New Jersey. He intends to begin practice in Schoharie, New York. He

planned to marry the former, Robin Knabe last June.

Alan K. Roberts has joined the Miami Medical Associates in Miami, Florida. He completed a three year residency program in family medicine at St. Margaret Memorial Hospital in Shamokin, Pennsylvania, this past summer.

1975

Stephen D. Conrad, 5 Rockland St., Wilmington, De., announces the birth of a son, Joshua Adam.

Mark L. Dembert, USS Grayback (SS-574), FPO, San Francisco, is on active naval duty in the Philippines. He is a submarine and diving medical officer.

Dr. Kent B. England, 2017 Davenport Dr., McKeesport, Pa., was named Resident of the Year for Family Practice at the McKeesport Hospital. He is in a three year residency program there.

Carol A. Morningstar Lamparter, RD5, Box 359, Danville, Pa., is participating in a 48 week co-operative program between Boston Area Health Center and the Geisinger Medical Center, where she is a third year resident in family practice. She enjoys gardening and cooking. Her husband is a resident in surgery at Geisinger.

1976

Ann A. Ashley is starting a second year of residency at Martin Luther King Jr. Hospital, Los Angeles. She will be joining her twin sister, **Anita Robinson '74**, who is completing a pediatrics residency at MLK.

Harry A. Bade, III, 310 W. 56th St., 9A, New York, has been accepted as a resident at the Hospital for Special Surgery, New York Hospital.

Carol F. Boerner spent two months this past summer at the Corville Indian Health Center in the eastern part of Washington state. Presently she is serving as a Research Fellow in Belgium. Dr. Boerner is studying congenital abnormalities of the eye with Dr. Jules Francois. In July of 1978 she will begin a residency at Emory University.

L. Martha Ann Thomas was married August 27 to Jeffrey T. DiFebo, of York, Pennsylvania. They then traveled through Italy. Dr. Thomas is a resident at York Hospital.

Robert S. Zibelman, 827 2nd St., Santa Monica, Ca., has begun his second year of residency in psychiatry at Cedars-Sinai Medical Center, Los Angeles. He adds that he'd "be happy to speak to any Jeffersonians passing through."

Obituaries

John E. Livingood, 1913

Died July 11, 1977. A member of TJU's Founders Fund and the President's Club, Dr. Livingood was past President of the Jefferson Alumni Association. During his 25 year association with the Wyomissing Corporation, he was Vice President of Textile Machine Works and Secretary of the Berkshire Knitting Mills. He was also President of the Wyomissing Polytechnic Institute. A former President and Vice President of the Reading Hospital, he was Director of the Medical Service Association of Pennsylvania, a Director of the Bank of Pennsylvania, and a Trustee of Franklin and Marshall College, Lancaster. Dr. Livingood served as President of the Wyomissing School Board from 1926 to 1941. He is survived by his widow, Evelyn, and two daughters. Dr. Livingood practiced radiology in Reading until 1929.

Louis Brody, 1919

Died August 1, 1977. The Philadelphia family physician served the community for more than 50 years. A Mason and a Shriner, he belonged to the Physicians Square Club and Medical Club of Philadelphia.

Harry N. Metzger, 1920

Died June 16, 1977. A specialist in internal medicine and gastroenterology, he was Chief Emeritus of gastroenterology at Germantown Hospital in Phila-

delphia. Dr. Metzger was a Fellow of the American College of Physicians and a Diplomate of the American Board of Internal Medicine. He was an Assistant Professor of Medicine at the University of Pennsylvania Graduate School of Medicine. Surviving are his wife, Lillian, a daughter, Carol, and a son **Walter S. Metzger '64**.

William C. Furr, 1923

Died May 12, 1977. The retired physician lived in Napa, California.

George F. Wheeling, 1923

Died August 11, 1977. Dr. Wheeling served as Medical Director of the Windber Hospital, Windber, Pennsylvania, from 1955 to his retirement. A member of the American College of Surgeons, he specialized in goiter surgery. Dr. Wheeling was a past President of the Cambria County Medical Society and served as a member of the Board of Directors of Somerset State Hospital. In 1973 he was awarded the Pennsylvania State University Distinguished Alumnus Medallion and also received the All Sports Gold Medal Award of Cambria County.

George B. Heckman, 1925

Died June 22, 1977 at the age of 85. Dr. Heckman was a family physician in Swarthmore, Pennsylvania for 45 years. He was football team physician for Swarthmore High School for over 30 years and Director of the Community Nursing Service of Delaware County for 33 years. On the staff of Taylor Hospital, he was cited by the Pennsylvania House of Representatives for his dedicated service to the community. He is survived by his wife, Grace, a son and daughter.

I. Benjamin Cippes, 1927

Died July 9, 1977. Dr. Cippes was a specialist in pulmonary diseases and resided in Miami.

William J. Tourish, 1928

Died July 14, 1977 at the age of 74. The Philadelphia surgeon was Director of Misericordia Hospital's Diagnostic Center for ten years. For the previous 36 years, he was associated with St. Mary's Hospital, Philadelphia, as Assistant Surgeon, Chief Surgeon and Director of

Surgery. He was Assistant Surgeon at Philadelphia General Hospital, Chief of Surgery at St. Joseph's Hospital and Director of Surgery at Our Lady of Lourdes Hospital, Camden. A Diplomate of the American Board of Surgery and Fellow of both the American and International College of Physicians, he served on the faculty at Jefferson. He is survived by his wife, Margaret.

Lewis A. Smith, 1929

Died August 11, 1977. Dr. Smith practiced at the Retreat State Hospital in Hunlock Creek, Pennsylvania, prior to his retirement eight years ago.

Francis C. Prunty, 1931

Died December 19, 1976 at the age of 70. The resident of Parkersburg, West Virginia, was certified by the American Board of Dermatology.

Camillus H. Spalletta, 1932

Died August 24, 1977. Dr. Spalletta practiced general medicine in Scranton, Pennsylvania for 44 years. He was on the staff of the Moses Taylor, Mercy and State General Hospitals, there. Surviving are his wife, Monica, and a son.

John J. Duncan, 1937

Died July 25, 1977 at the age of 65. Dr. Duncan, a plastic surgeon, retired in 1973. A resident of Chadds Ford, Pennsylvania, he was associated with Jefferson, Fitzgerald Mercy, Nazareth, Philadelphia General and Doctors' Hospitals. He was a member of the American College of Surgeons and the American Society of Plastic and Reconstructive Surgeons. An Associate Professor of Surgery at Jefferson, he belonged to TJU's Founders Fund. He is survived by his wife, Elizabeth.

Basil Giletto, 1937

He died August 12, 1977 at the age of 66. Dr. Giletto was Assistant Professor of Obstetrics and Gynecology at Jefferson. Past Director of Obstetrics and Gynecology at St. Agnes Hospital, he was a Fellow of the American College of Surgeons. He served on the Executive Committee of the Alumni Association and belonged to the President's Club. Surviving are his wife, Ruth, a daughter, and three sons, one of whom is **Joseph B. Giletto '74**.

Thomas F. McTear, 1940

Died August 29, 1977. Dr. McTear, an internist and cardiologist, was Director of Medical Services at St. Mary's Hospital and Chief of Medicine at St. Mary's and St. Joseph's Hospital in the Philadelphia area. He served as physician to the Philadelphia Phillies and was part of the era of the "Whiz Kids." He also acted as team physician at LaSalle College and was regarded nationally as a leading practitioner of Sports Medicine. Surviving are his wife, Lenyo, two sons and three daughters.

Edward G. Osborn, 1940

Died August 5, 1977 at the age of 64. Dr. Osborn was Chief of Surgery for 20 years at Our Lady of Lourdes Hospital, Camden, New Jersey (affiliate). He was a staff member of Cooper Medical Center, Camden, and a consultant at Ancora State Hospital, Winslow, New Jersey. When he retired from practice in 1975, he donated his medical building to Our Lady of Lourdes Hospital. Past President of the Camden County Medical Society, he was a member of the American College of Surgeons and the American Board of Surgery.

James P. Scanlon, 1940

Died June 20, 1977. Dr. Scanlon, a psychiatrist, lived in Washington, D.C.

Fred R. Cochrane, Jr., 1942

Died June 21, 1977 at the age of 62. Dr. Cochrane had been a pediatrician in Charlotte, North Carolina for 20 years. At the time of his death, he lived in Mountain City, Georgia. His wife, Jane, survives him.

Newton E. Kendig, 1954

Died May 30, 1977 at the age of 49. Dr. Kendig was a family practitioner in Mount Joy, Pennsylvania, and had served as Coroner for Lancaster County.

Robert H. Fessler, 1958

Died June 21, 1977 at the age of 44. The Easton, Pennsylvania resident was an ophthalmologist. Surviving is his mother, Mrs. Henry Fessler.

An Invitation to Alumni

to present names of candidates for:

The Alumni Achievement Award

The annual Alumni Achievement Award will be presented at the Alumni Banquet on June 8, 1978.

Nominations with supporting information regarding suggested candidates for the 1978 Award should be submitted as soon as possible to:

James H. Lee, Jr., M.D.
Chairman
Alumni Achievement Award
Committee
Alumni Office
Jefferson Medical College
1020 Locust Street
Philadelphia, Pa. 19107

Alumni Trustee

Alumni will elect a successor to Joe Henry Coley, M.D. '34, in early spring balloting. The new trustee will serve a three-year term with Thomas F. Nealon, M.D. 'S44 and Carl Zenz, M.D., '49. Names of candidates to be considered by the committee should be submitted by February 1, 1978 to:

Paul A. Bowers, M.D.
Chairman,
Nominating Committee for
Alumni Trustee
Alumni Office
Jefferson Medical College
1020 Locust Street
Philadelphia, Pa. 19107

hospital centennial

On September 17, 1877, the Jefferson Medical College Hospital opened. The 125 bed facility, located on Sansom Street where the Thompson Building stands today, was the first hospital associated with a medical college. Since its doors opened that fall 100 years ago, Jefferson's hospital complex has provided innovative medical care. There Dr. Thomas D. Mutter used ether for the first time in Philadelphia, and Dr. William W. Keen performed the first successful brain surgery to remove a tumor. At Jefferson, Dr. John H. Gibbon, Jr., developer of the heart-lung machine, performed the first successful open-heart surgery; Dr. James M. Hunter invented the first artificial tendon; and Dr. Allan J. Erslev demonstrated the existence of a hormone controlling red blood cell production. In June, 1978, the new nine story hospital will be completed, thereby continuing Jefferson's tradition as a leader in health care. Celebrating the Hospital's centennial, members of the Jefferson family gathered for an afternoon picnic and an evening dance.



JEFFERSON-MEDICAL-COLLEGE-HOSPITAL-PHILA

Class Agents* and Reunion Chairmen**

Dates: June 7 and 8, 1978

1928	50th
Elmer J. Elias, M.D.°	
William Thomas Lampe, M.D.°°	
James Anthony Thomas, M.D.°°	
Joseph Tiracchia, M.D.°°	
1933	45th
Jacob J. Kirshner, M.D.° °°	
Charles W. Semisch, III, M.D.°°	
T. Ewing Thompson, Jr., M.D.°°	
James S. F. Wong, M.D.°°	
1938	40th
John J. DeTuerk, M.D.°	
Edward J. Coverdale, M.D.°°	
1943	35th
Leonard S. Davitch, M.D.°	
John N. Lindquist, M.D.°	
Gerald E. Callery, M.D.°°	
1948	30th
Norman J. Quinn, Jr., M.D.° °°	
Rudolph T. DePersia, M.D.°°	
James B. Loftus, M.D.°°	
1953	25th
Robert Poole, M.D.°	
Joseph J. Armao, M.D.° °°	
1958	20th
Peter Amadio, Jr., M.D.°	
Herbert G. Hopwood, Jr., M.D.°	
Frederick W. Floyd, M.D.°°	
Austin P. Murray, M.D.°°	
1963	15th
Frederick L. Dankmyer, M.D.°	
John Major Fenlin, Jr., M.D.°°	
J. Thomas Williams, Jr., M.D.°°	
1968	10th
Lawrence V. Hofmann, M.D.°	
Harold A. Yocum, M.D.°	
James A. Meadowcroft, M.D.°°	
1973	5th
Paul Smey, M.D.°	
Lynne E. Porter, M.D.°	
Michael A. Feinstein, M.D.°°	

Dr. Elmer H. Funk, Jr. '47
510 Millbrook Rd.
Devon, Pa. Chester Co. 19333